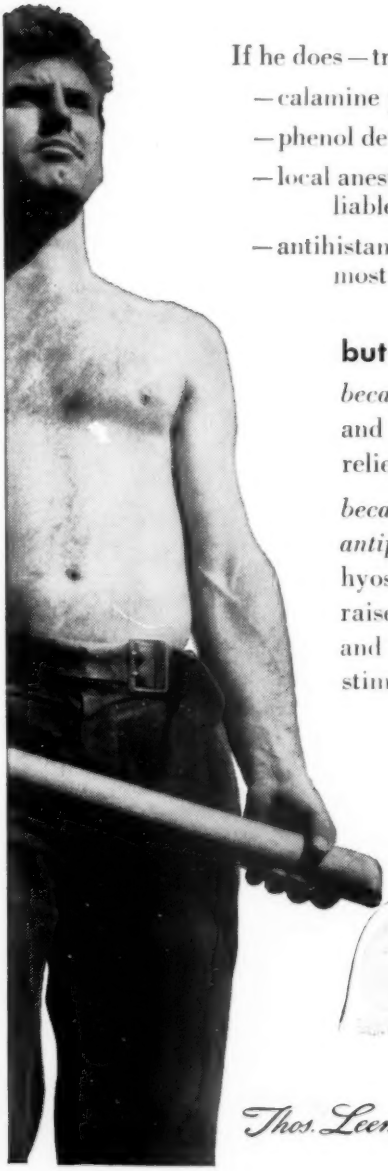
R.N.

urnal for urses

August, 1953

he may or may not get poison ivy



If he does—treatment should exclude

—calamine preparations which are ineffective[1]

—phenol derivatives which are irritating[2]

—local anesthetics of the "caine" group liable to cause contact dermatitis[3]

—antihistaminics which may produce some of the most severe reactions due to sensitization[3]

but he can rely on Calmitol—

because Calmitol does not sensitize and is "preferred"[2] by physicians for safe relief of pruritus.

because Calmitol contains specific antipruritic agents—camphorated chloral, hyoscyamine oleate and menthol—which raise the threshold of sensory nerve endings and skin receptors, thus inhibiting itch stimuli at the point of origin.

1. Goodman, H.: J.A.M.A. 129: 707, 1945.
2. Lubowe, I. I.: New York State J. Med. 50: 1743, 1950.
3. Nomland, R.: Postgrad. Med. 11: 412, 1952.

CALMITOL

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R.N. Contents

August, 1953

EDITORIAL

Vol. 16, No. 11

DEPARTMENTS

COVER CREDITS: Photographer: Walter Herstatt; cap and pin: Trinity Hospital School of Nursing, Minot, N.D.; uniform: Henry A. Dix & Sons, New York, N.Y.

CCA

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NBP

let's meet R.N.'s Authors

Dardanella L. Evans, R.N. who financed her education at the University of Oklahoma School of Nursing by doing research for a newspaper and a radio station, thanks the publishing business for helping her to become a nurse. She has studied public health nursing at Indiana University, served in the Army Nurse Corps for three years during World War II, is married to a young sales engineer, and has two small "future nurses." In "Emergency, Dr. Red!" on page 48 of this issue, she utilized her reporting and research background to write a graphic description of how a fire preparedness program can prevent havoc and panic in a hospital.

Evelyn T. Pastore, R.N., author of "So You Want to Write an Article," on page 32 of this issue, is a free-lance contributor to several publications. Besides appearing frequently in **R.N.,** she has had articles accepted by **The Saturday Evening Post, The European Traveler,** the Paris edition of **The New York Herald Tribune.** A 1941 graduate of Johns Hopkins School of Nursing, she has a B.A. from New York University and has also studied in Europe, where she lived for about three years. Nurses with a yen to turn author should find her suggestions on how to go about writing an article informative and stimulating.

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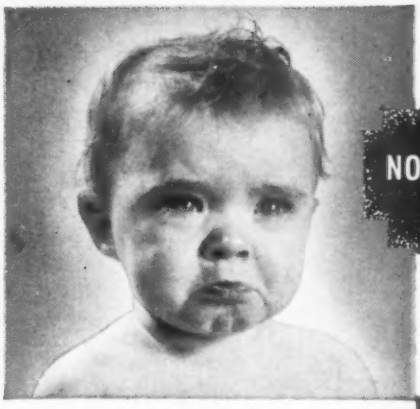

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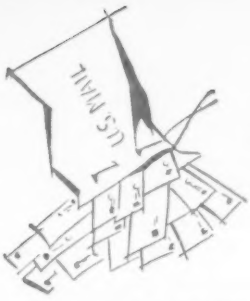


Debits and Credits

DIVERGENT DUTIES

Dear Editor:

I read with interest the comment in the May *Debits and Credits* section about housekeeping duties being done by nurses. No one ever lost caste by mopping a floor, but a great deal of professional talent is wasted if our present day professional nurses are required to do it. The whole concept of what constitutes nursing duties is changing. Once we could not draw blood, start intravenous fluids, or give intramuscular injections. Today, the "spectrum" of nursing duties is very wide. I believe it will always be difficult to fix a ceiling on the technical duties of nurses. On the other hand, those instances which require professional judgment are clearer, but even here no sharply drawn division can be made. In general, the doctor has the responsibility for making a diagnosis, prescribing treatment, undertaking dangerous and difficult procedures. The nurse's duty is to assist in any of the above, without as much responsibility or liability.

A doctor who is busy can hardly afford to take the time to clean up his office, or to type letters, post books, or mail out bills, but I have done all of that, when necessary, and in home obstetrics I have dressed babies and made the mother comfortable when there was no one to help. How can we chart our courses? Perhaps by keeping in mind those apparently now forgotten, "Seven Standards of Nursing Care" which were found in Harmer's textbook, and remembering that it is possible to walk with kings yet not lose the common touch.

NATHANIEL H. WOODING, R.N., M.D.
HALIFAX, VA.

HI NEIGHBORS!

Dear Editor:

"Mrs. Neighbor, R.N." in the March issue really struck a responsive chord! There should be some term other than inactive to describe those of us who are now housewives but still practice our profession. Since my husband is also a surgical technician in the Air Force, our home is the neighborhood dispensary. My neighbors and I have been discussing having a series of informal meetings in our homes to acquaint those who are not nurses with simple techniques in bandaging, recognition of childhood diseases, guides on when to call the doctor, simple poisons and antidotes, and the like. Our plan is still in the discussion stage, and I would appreciate hearing from any "Mrs. Neighbor, R.N." who may

have some concrete ideas on the subject. Our idea is to have more of an exchange of knowledge and ideas than a course with me as teacher.

(Mrs.) LAURA L. NICKISCH, R.N.
BOSSIER CITY, LA.

[*Even though Mrs. Nickisch doesn't want to conduct a "course," we'd recommend the Red Cross Home Nursing Course as the solution to the problem. The Red Cross course is well-planned and comprehensive and friends and neighbors will probably enjoy the experience of getting together and studying and working together for the comparatively few hours the course requires.*—THE EDITORS]

STOCKINGS WANTED

Dear Editor:

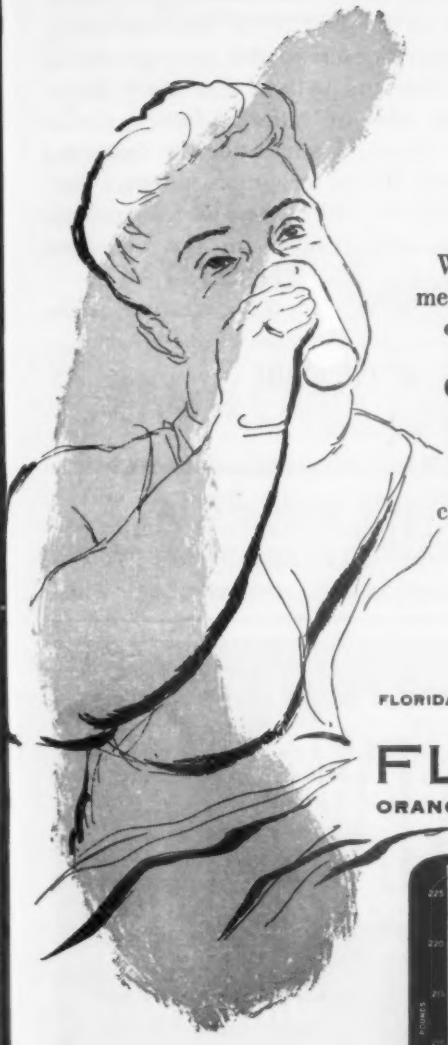
I have a dear, aged friend who supplements her income by making stocking corsages. If anybody has any old pairs of white hose, I would appreciate it if they would send them to her at this address: Mrs. L. G. Maples, 728 E. Locust, Springfield, Mo.

(MRS.) A. R. FISCHER, R.N.
HANNIBAL, MO.

O.R. AIDES O.K.

Dear Editor:

It was interesting to note one reader's opinion of aides and technicians in operating rooms in the February *Debits and Credits* column. In the operating room where I work as a staff nurse, there are employed at present four graduate



citrus is a good ANORETIC agent

When taken about half an hour before meals, orange or grapefruit juice is highly effective in helping overweight patients to adhere to their reducing regimens. Citrus has "very definite advantages"* as an appetite appeaser. It helps to reduce the demand for high caloric foods, and supplies readily utilizable carbohydrates to combat hypoglycemia. It is economically available in homes or restaurants. And, of no small consideration, most everyone likes orange or grapefruit juice.

* *Postgrad. Med. 9:106, 1951.*

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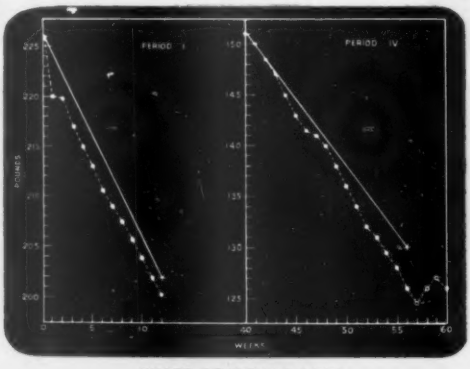

CHART OF WEIGHT LOSS
BROKEN LINE—OBSERVED LOSS • SOLID LINE—PREDICTED LOSS

nurse attendants. They have completed a twelve months' program, which does not include operating room experience. Three-and-a-half years ago, because of the shortage of graduate nurses in our operating room, three of these attendants started working in the O.R. on a trial basis. They have functioned most successfully since as both circulating and scrub nurses, and the graduate nurses and the surgeons in this hospital are unanimous in praising their work.

JEAN K. CARTER, R.N.
NEW HAVEN, CONN.

* * *

Although I wholeheartedly agree that aides can never replace the R.N. in an operating room, I believe that a well-trained aide can take over some of the nurse's duties if she is regarded, and will regard herself, as an assistant to the qualified nurse. I have observed this arrangement in action and believe that many hospitals who are suffering from a similar shortage of nurses for the operating room might profitably adopt a program in which the aide can replace the sterile nurse in the operating room.

R.N., WINONA, MINN.

CORE OF CARE

Dear Editor:

R.N. has so many informative articles on various types of nursing and its problems. Janet Geister's inspiring talks make me feel like continuing the good nursing care which

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U. S. ARMY NURSE CORPS

every true nurse likes to give in spite of the controversial opinion, "You do too much for the patient," which she's likely to hear. For 20 years I have done constant nursing, and I still feel the patient is an individual and as such his mental and spiritual comfort should be the dominant factors in his care. We progress with new treatments and medicine but that individual touch at the bedside, no matter how short, is still the most vital and essential element in the recovery and confidence of the patient.

The 40-hour work week is still a dream in this section, but it will soon become a necessity for many nurses find it quite difficult to do household chores and still find time to nurse in order to supplement the family income.

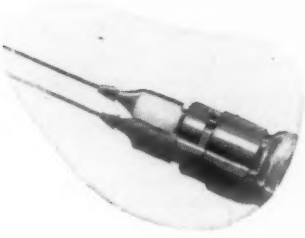
(Mrs.) Anna T. Tamulis
Torrington, Conn.

DOOMED?

Dear Editor:

I am trying, with difficulty, to convince myself that nurses are not losing their prestige and that nursing is not being reduced to a layman's task. How can these facts be proven to me when practical nurses practice all nursing procedures and when, in the hospital in which I practice my profession, subsidiary workers are permitted to scrub at operations? Of the nurses I have spoken to, many merely shrug their shoulders and say, "What can I do about it?" Their next step is to resign their position without giving the true reason—and as a result their

relieves **hay fever** distress...



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MEDICAMENTA VERA

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dignity and years of self-sacrifice to reach their goal are overlooked and an unskilled layman can assume their responsible positions.

The excuse for having the subsidiary or practical nurse is the current shortage of registered nurses. (But in our school systems, a teacher can't be replaced except by another qualified teacher, shortage or not.) Soon, the reason for employing practical nurses will be an economic one. If an increase in wages or better working conditions are requested, the response from the supervisory staff is, "A registered nurse can be replaced by a practical nurse—is a registered nurse really necessary?"

If the current trend continues much longer our profession appears to be doomed.

R.N., FLUSHING, N.Y.

STABILIZED SALARIES

Dear Editor:

I am a registered nurse with two postgraduate courses in obstetrics, and I was a supervisor in that field for nine years. I finally became disgusted with the salary the hospital paid me, particularly in view of all the hard work and responsibility I was forced to assume. I resigned from my position in March and am now doing private duty nursing—and to my amazement I like it very much. The duties are much easier and the salary is higher, and I think I've discovered one reason why there is such a shortage of nursing personnel in hospitals today. I believe all registered nurses should be paid the same salary as the nurse doing private duty. The general duty nurse does triple the amount of work of the private duty nurse yet she earns only from $250 to $315 a month, while the private duty nurse collects $15 to $16 for her eight-hour day. If hospitals would pay adequate salaries, they would have enough nurses to staff their floors adequately.

HARRIET DEAN, R.N.
CHICAGO, ILL.

EARNING OUR WAY

Dear Editor:

In my humble opinion, your magazine is "tops." I read with enthusiasm your editorial in the May issue concerning the 40-hour work week. (I have just recently finished a tour of duty in a section of the country while my husband was enrolled in a short course of schooling, where the R.N.'s work a six-day week and receive seventy-five cents an hour for private duty!)

I also enjoyed in the May issue three *Debits and Credits*' letters from nurses concerned with good nursing—they did much to strengthen my faith in my fellow partners in this wonderful profession. I am convinced that most of us realize we must earn, in our own right, better hours and working conditions by trying constantly to raise our standards. It is heartening to me, as I am sure it must be to the general public, that we are as interested in our patients' welfare as we are in our own.

(MRS.) MARGARET M. JOHNSON, R.N.
MALDEN, MO.

Fresh-Frozen and Freshly-Squeezed Orange Juice

Two years ago, findings of importance to dietitians everywhere were published, emphasizing the superiority of reconstituted MINUTE MAID Fresh-Frozen Orange Juice over home-squeezed juice of the same type oranges, in three respects:

(a) *Average levels of ascorbic acid significantly higher:* Obviously, this advantage of MINUTE MAID, observed in samples tested, is susceptible to variation, from season to season, as crops differ. It should be emphasized, however, that, penny for penny and year after year, the lower-priced MINUTE MAID offers *more* ascorbic acid than home-squeezed orange juice.

(b) *Peel oil content significantly lower:* Samples of orange juice, home-squeezed by typical housewives, showed that contents of peel oil, a cause of allergic response and poor tolerance, especially in infants, were up to 700% higher than in' MINUTE MAID!

(c) *Bacterial counts dramatically lower:* Bacterial counts were found to be as high as 350,000 per ml. in home-squeezed juice, but were uniformly low in MINUTE MAID.

Since publication of the above, more and more physicians are recommending MINUTE MAID in place of home-squeezed orange juice. And now comes more evidence in favor of MINUTE MAID . . .

New Assays Reaffirm Dietary Advantages of Minute Maid Fresh-Frozen Orange Juice on a Cost Basis

A second report comparing the individual mineral and vitamin values of MINUTE MAID Fresh-Frozen Orange Juice and home-squeezed juice of the same type oranges has recently been published. In this latest study, each sample was analyzed separately:

Although the results are again susceptible to variation according to crop and year, Fresh-Frozen MINUTE MAID was equal to the home-squeezed juice in the samples tested for the largest number of components listed; and in the mean values for iodine, manganese, potassium, Vitamin A and Vitamin B_{12}, MINUTE MAID showed appreciably *higher* values.

TABLE: *Mean Values in Samples Tested*

COMPONENT	UNITS	MINUTE MAID FRESH-FROZEN ORANGE JUICE	HOME-SQUEEZED ORANGE JUICE
Betaine	mg./100 ml.	49	46
Biotin	mcg./100 ml.	0.26	0.26
Choline	mg./100 ml.	12	12
Cobalt	mcg./100 ml.	74	67
Folic acid	mcg./100 ml.	2.2	2.2
Iodine	mcg./100 ml.	0.24	0.21
Manganese	mcg./100 ml.	33	18
Nitrogen			
Total	mg./100 ml.	104	79
Amino	mg./100 ml.	22	22
Volatile	mg./100 ml.	8	7
Non-volatile	mg./100 ml.	96	72
Pantothenic acid	mcg./100 ml.	146	145
Para-amino-benzoic acid	mcg./100 ml.	4	4
Phosphorus	mg./100 ml.	19	18
Potassium	mg./100 ml.	380	290
Riboflavin	mcg./100 ml.	18	17
Tocopherols	mg./100 ml.	107	104
Vitamin A	mcg./100 ml.	19	16
Thiamine	mcg./100 ml.	87	83
Vitamin B_{12}	mcg./100 ml.	0.0022	0.0012

SUMMARY

These new findings help enlarge professional knowledge of the nutrient constituents of orange juice in general and add fresh evidence that, on a cost basis, MINUTE MAID Fresh-Frozen Orange Juice offers not only *more* Vitamin C, but also *more* of all the other vitamins and minerals listed.

Taken in conjunction with the previously published findings, this should confirm the choice of physicians who recommend MINUTE MAID in place of home-squeezed orange juice.

REFERENCES:

(1) Rakieten, M. L., *et al.*, Journal of the American Dietetic Association, October, 1951.

(2) Joslin, C. L., and Bradley, J. E., Journal of Pediatrics, Vol. 39, No. 3, pp. 325-329 (1951).

(3) Rakieten, M. L., *et al.*, Journal of the American Dietetic Association, November, 1952.

(4) Assn. Off. Agric. Chemists: Methods of Analysis, 7th ed. Wash.: Assn. Off. Agric. Chemists, 1950.

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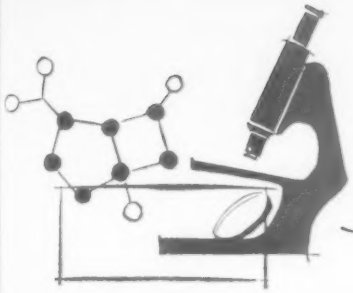

Science Shorts

A new light-weight artificial leg, suitable for rough and muddy terrain, has been devised for distribution to native Korean amputees at the suggestion of Dr. Howard Rusk, who returned from a survey trip of Korea and reported that there are 15,000 amputees in hospitals and dispensaries throughout that country. Known as the "rice-paddie" leg, the prosthesis will cost from $10 to $20 as compared with $300 to $400 for the usual artificial leg. Abilities, Inc., a workshop for amputees and disabled persons will manufacture the leg which was first developed at New York University-Bellevue Medical Center's Institute of Physical Medicine and Rehabilitation by William Tausberg.

*

Leading all other respiratory diseases, lung cancer is now the chief cause of death from illnesses of this nature among white men in the U.S., the Metropolitan Life Insurance Company reports.

*

The dangers of tepid sponging with isopropyl alcohol are pointed out in the *JAMA*. When large quantities of this alcohol are used in poorly ventilated rooms or cubicles, intoxication due to inhalation or absorption may occur; depression, narcosis, and even death may result. Dr. Roy F. Garrison, author of the report, recommends sponging with cool or cold water for the reduction of temperature.

*

Through the use of a special machine devised for the transmission of x-ray films over telephone circuits, it is now possible to interpret roentgenograms at a distance. This new process has been dubbed telognosis.

*

Francis Delafield Hospital, New York City, has acquired a Cobalt 60 Rotation Teletherapy Unit, the first deep therapy cancer weapon of its kind. The unit, by employing the most powerful radioactive source now available and rotating the source at a maximum distance from the patient, makes use of all external radiation techniques now accessible for practical use. The patient is so placed that his cancer is centered in the path of bombardment and the Cobalt source is rotated a full 360° around it. A crossfire is thus directed at the cancer through numerous folds of skin; this allows an increase in the amount of radiation administered to the cancer and, at the same time, reduces the radiation received by any individual segment of tissues between the skin and the cancer. The radiation emitted by

Cobalt 60 is equivalent to that of a three-million volt x-ray machine.

*

There are, at present, 214,667 licensed physicians in the U.S., a greater number than at any other time in the nation's history.

*

The nursery at Clovis Air Force Base recently suffered a shortage of bassinets. Ingenuity on someone's part aborted a crisis when market baskets, complete with their push-carts, were requisitioned from the base commissary, according to the *Medical Technicians Bulletin.*

*

Doctors William E. Studdiford and Emanuel L. Hecht report in the New York State Journal of Medicine *that, although most commonly seen in women in their advanced years, 7.4 per cent of cervical cancer is found at 30 years of age and under.*

*

A transition from small families to families of moderate size is in progress in the U.S., Metropolitan Life Insurance Company statisticians point out. Third, fourth, and fifth children are being born into families at increasing rates; from 1940 to 1950 the birth rate for third children rose by 77 per cent, for fourth children by 50 per cent, and for fifth children by 27 per cent. USPHS statistics show the trend has continued. In 1951, births of third children increased by 9 per cent and births of fourth children increased by 13 per cent over those previously recorded in 1950.

When Chronic Fatigue, Insomnia are due to Low Blood Sugar Level...

Prescribing a simple change in diet may often restore energy and zest for living in many patients.

THE pace of modern living . . . business pressures, strenuous social activities, hurried meals, improper diet . . . all too frequently lead to exhaustion, loss of energy, inability to sleep. Now clinical studies show that these clinical manifestations are often associated with hyperinsulinism—causing a lowered *blood sugar level.**

Portis reported these fatigue states were aggravated when the patients consumed beverages and foods that contained free sugar. He further stated that while these raise the blood sugar level momentarily, their "free" sugar is burned up too quickly, and a greater letdown follows. On the basis of this evidence a diet high in proteins and relatively high in carbohydrates in a complex form was given to his patients. He found such foods as milk are especially beneficial because they are digested more slowly, and because they maintained the blood sugar level for a longer period.

For these reasons milk with Postum is suggested as a between-meal feeding and bedtime drink. It can often be of practical benefit to the patient. The milk provides nourishment that is slowly, steadily converted to blood sugar. Postum offers a pleasant and palatable flavor. Postum offsets the distaste for hot milk.

Moreover, Postum in the milk drink has a psychological advantage because many patients resent the taking of milk in itself as a regression to their childhood patterns. Postum has been recommended by doctors for over 40 years. It is widely known to your patients as a caffein-free drink—a beverage that has helped countless caffein-susceptibles to break the coffee and tea habit.

We will be glad to secure for you a reprint of Dr. Portis' article. We will also send you without charge a supply of Postum for your patients if you send in the coupon below.

*Portis, Sidney A., Life Situations, Emotions and Hyperinsulinism, J.A.M.A. **142:** 1281-1286 (April 22) 1950.

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RN reports: THE FIRST

■ JUST AS marine engineers send ocean liners or even small ships designed for inland waters on a shakedown cruise before they are commissioned for action, and then spend as much time as necessary checking and correcting all discernible flaws, so nearly 3,000 members of the National League for Nursing in convention at Cleveland from June 22 to 26 had a chance to do some checking on equipment that needs repairing and strengthening.

That defects still exist in the young organization was freely acknowledged by NLN's general director and secretary Anna Fillmore, who told conventioneers that one of the biggest tasks before them was to improve the mechanics of holding them together. Among the specific issues looming ahead is the question of states with small populations supporting two nursing organizations, and the decentralization of NLN's services through regional offices. There is also a financial problem. Grants to NLN now account for two-and-a-half times as much as dues, and this reportedly means that the program isn't as flexible or as responsible to the membership as it could be.

Attempts to pave the way for a broader and more profitable membership, which now comprises about 20,000 individual members and 460 member agencies, were made at the first business meeting through several bylaws amendments. The barriers to practical nurse membership—a hotly contested issue at NLN's meeting in Atlantic City last year—were removed with hardly a murmer of dissent. One nurse asked whether local leagues would have to follow suit in accepting practical nurse members, and the parliamentarian explained that membership bylaws of both state and local leagues must adhere to the national pattern in this instance. As the amended bylaws stand now, a practical nurse may be eligible for NLN membership if she is licensed within the state. If her state has no licensing law she must be a graduate of an approved school of practical nursing, and when a state licensing law is adopted, she must become licensed.

Because it is impossible to anticipate exactly how many practical nurses will enter NLN's ranks within the next two years, the Board asked for and received authority to organize a Department of Practical Nursing before the next Biennial if circumstances warrant.

The adoption of another amendment concerned with more extensive

CONVENTION

by Frances Lewis, R.N. and Barbara L. Swan

non-nurse participation on the local level (non-nurse membership is now only about 5 per cent of total NLN membership) makes it possible for non-nurses and inactive nurses to join local leagues as associate members without joining NLN. Members speaking on behalf of this provision pointed out that many non-nurses were chiefly interested in local league affairs and were deterred by dues in state or national.

One amendment, that of permitting membership in a council for a specified period rather than in a division and department, is aimed specifically at attracting industrial nurses into NLN's Council on Occupational Health Nursing. Spurning the term "industrial nursing," this council, which was organized on the first day of the convention, hopes that it will eventually gain enough strength to become a department. At present, there are said to be only about a hundred industrial nurse members of NLN.

Among the remainder of the amendments that went through without a hitch, was one stipulating that "bylaws may be amended without previous notice at any biennial convention by a 98 per cent rather than a unanimous vote." This revision, which is also under consideration by the ANA, was designed to keep one lone person from overruling the wishes of the majority.

In marked contrast to ANA Biennials, where usually a modicum of dissension prevails, there was little heat generated over NLN's proposed amendments, and all passed with a safe majority. This despite the fact that most NLN members had to depend upon their ears rather than their eyes for a reading of the revisions, since there was a slip-up in the distribution of mimeographed copies. Their cooperative, agreeable attitude may have stemmed from a number of things: the effective leadership of President Ruth Sleeper, the nature of the amendments, a lack of interest in organization, the lateness of the hour, or just plain economy, for Miss Sleeper gave the audience a choice of having the amendments read as often as necessary or of having a Thursday night meeting which might cost the association $500 to $600.

It was evident that many of the rank and file of convention-goers had not yet mastered the intricacies of NLN's structure—the differences among divisions, departments, and councils, and the functions of these various bodies. Some members, who were undoubtedly accus-

NLN's re-elected officers are, from left to right: Mrs. Arthur H. Spiegel, 2nd vice-president; Ruth Sleeper, R.N., president; Frances C. Thielbar, R.N., 1st vice-president; and Dorothy Wilson, R.N., 3rd vice-president.

tomed to organizing a committee as soon as possible apparently found it difficult to understand that departments and councils are expected to formulate recommendations or suggestions for future action by steering committees and the Board of Directors. Because of this and, in many cases, because of the pressure of time, there seemed to be a dearth of recommendations. The Councils of member agencies of the two Departments in the Division of Nursing Education, for example, were allotted only an hour for their respective business meetings.

Among the important recommendations that did emanate from the various departments and councils was a request for NLN to solicit funds for a demonstration project in a diploma school. The recommendation seemed to indicate a trend. For it seemed much more apparent at this meeting than previous ones of the now defunct NLNE that diploma schools are going to be around for a long time and are therefore deserving of special help. There is still a crossfire of opinion on what type of education produces a professional nurse, however, and this was warmly evident in a program of the Department of Diploma and Associate Degree Programs where the sensitive subject of professionalism was touched on. A program speaker from Teachers College, Columbia University, who holds that the vast bulk of nursing services can be performed by semi-professional nurses prepared in a two-year terminal course, was roundly scored by a state board executive secretary for creating confusion and casting aspersions on the professional character of diploma school, registered nurses. Perhaps of all departments in the NLN, this is the one department that can expect to be in a state of ferment for many years to come. All the more reason, then, to allow plenty of time for discussion—and ventilation.

Recognizing the need for more intensive study of the professional curriculum, both this department and the Department of Baccalaureate and Higher Degree Programs which form the Division of Nursing Education decided to approve the formation of a single Committee on Curriculum, Evaluation, and Guidance. It was also reported at this same Division meeting that the Joint Advisory Committee on Accreditation has been changed to a policy-making Executive Committee on Accreditation which will have representation from NLN, the American

Hospital Association, the American Medical Association, and other associations.

On Tuesday and Wednesday nights, NLN members forgot which department or divisions they belonged to and united into League members one and all. The Tuesday dinner meeting was a crowded, happy affair, and was suitably crowned by the hotel management's presentation to President Sleeper of a large birthday cake which she nobly volunteered to cut for any and all members who wished a piece. On Wednesday, the unquestioned highpoint of the week's program meetings was the speech of Dr. Alan Gregg, vice-president of the Rockefeller Foundation. Dr. Gregg's plea to his attentive listeners—and although it was a hot night they numbered around a thousand—to free themselves from their preoccupation with minutiae and to work with other health organizations for unification of purposes left few of his audience unmoved, and very possibly reminded many of the essential nobility of their purposes and their goals.

Over and over, convention-goers were reminded that this was a year of "firsts," and suitably one of these firsts was a presentation from the National Foundation for Infantile Paralysis to all NLN members of a scroll commending the contribution which nursing made during 1952 to the care and rehabilitation of the record number of polio patients. Another citation was received from *Baby Talk* for nursing's contribution to the health and happiness of mothers and babies.

It's probably an admission of age when you start to appreciate student nurses as a special group. When you're two, three, or even five years out of training, they don't seem much different from yourself. Then all of a sudden, you see them in a new light, and you realize that they're fresher looking, clearer-eyed, and filled with more energy and enthusiasm than you'll ever have again. Undoubtedly, many nurses felt this way at the NLN convention where more than 1,000 registered students alternated fun and business in a manner that could well be

Over 1,000 student nurses in conclave during NLN convention week accepted the constitution and bylaws of their new National Student Nurse Association.

(Photos by Rebman)

imitated by their more problem-weary—and foot-weary—elders. During the five-day meeting, the students discussed and accepted the constitution and bylaws of the National Student Nurse Association. As yet unafflicted by the budgetary headaches of its sister organizations, the association is starting its history bravely with a total of $390.

With 128 exhibit booths ready to visit in the auditorium, to say nothing of 26 program meetings and 11 business meetings to attend, including those of the students, plus all the special breakfasts, luncheons, and dinners held by alumnae associations, it was a crowded and generally stimulating week. And it was undoubtedly a tribute to NLN's program planners that there was such a high attendance at meetings, particularly when so many were held concurrently. However, there were complaints to offset the generally enthusiastic response. Sample objections: 1) that NLN's programs have had little to offer private duty nurses, 2) that business meetings of the Department of Baccalaureate and Higher Degree Programs and the Department of Diploma and Associate Degree Programs should have been held at different times, 3) that the schedule was so tight you couldn't possibly keep pace with it, and 4) that too much time was devoted to speakers and not enough to discussion. On the latter point, one nurse remarked that much of what was discussed was "old hat. I've heard it hundreds of times before." Another nurse educator confessed that she had come to Cleveland hoping to find out the answers to some of her own pressing problems, and although she had not found a single answer, she was considerably heartened to find that her confusion was shared by almost everybody else at the meetings. But you can't please everybody, and of all those attending the convention, most of our sympathy went to a very small boy who, for some unaccountable reason, was sitting in one of the balconies listening to a discussion on "What is the Focus in Emerging Nurse Education Programs?"

It would be unjust to judge NLN forever more on the basis of this first meeting, but it can be said that this first convention showed up many areas which need hard work and sound thinking. It showed a membership which has yet to learn to function as a group and to put aside special interests, it showed a need for greater non-nurse participation if non-nurse membership is to mean anything to the League, and it showed a very definite need for more information and help on the structural organization of the local, state, and national units through which membership is organized. It also showed that the spirit to meet these needs is present and could be developed to a point where NLN may eventually take some unique and noteworthy steps to fulfill this year's convention motto, "concerted action to meet the nation's nursing needs."

Candid Comments

There are limits to expediency

■ THERE IS a great deal to be done in these days of rapid transition and unprecedented problems. Some matters take priority, and as we hurry to do them we create other problems that grow so fast they can become the tail wagging the dog. Among them is the use of the nonprofessional aide in nursing. There are enough signs today to make us wonder if the whole movement to utilize auxiliaries isn't beginning to boomerang. Some of the proposed legislation dealing with nursing education and licensure, instigated by other than professional nurses, is a case in point. Another is the exploitation by some authorities of the present emergency in practices that can cost us dearly in public confidence—and that can cost patients even more dearly in safety and health. Bewildered patients and their families are unable to distinguish between the varieties of capped, uniformed people who serve them, but they are getting awfully fed up with some of the things that are happening. Regardless of who or what is basically at fault, the nurse represents the institution or agency to the patient, and it is the profession that gets blamed.

Organized nursing has stated what it stands for in practical nurse education and licensure, and it has defined the relationship between the professional and nonprofessional worker. It is time now to say what it does *not* stand for—and state it starkly and unequivocally. It is time to tell the world just what we're trying to do, what we are up against, and what help is needed in the situation. Organized nursing approves and actively supports the use of nonprofessional aides in nursing care for two reasons: first, to help meet the new, immediate, and overwhelming demand for care; second, to fit nursing into the modern team-work plan of medical care.

While we are in the very difficult process of learning new lines of demarcation between team members, from the top specialist to the orderly, nurses are at the same time under almost unbearable pressure to get the day's work done. The ensuing confusion has brought about practices as varied as are the institutions themselves—no two follow the same pattern. The main difference between them is in the attitudes that prevail—attitudes that range from high-minded, patient-centered care down through to the not so high-minded, dollar-centered care.

We find hospitals that do every-

by Janet M. Geister, R.N.

thing humanly possible to protect the patient. The nonprofessional aides are given orientation courses; they are assigned duties clearly within the scope of their preparation; they are supervised. "In our hospital no one but a professional nurse may give medicines and record them," says a night nurse. "This adds a lot to my work and it's irritating to see nonprofessional 'specials' resting comfortably while I run myself ragged doing part of a special nurse's job. But it does protect the patients, and that is what's most important." Says another nurse, a distinguished leader: "If I have to choose between letting a man die for lack of care, and asking a practical nurse to do things I couldn't condone under ordinary circumstances, I have little choice. I risk the practical nurse." Few can quarrel with this, and none can envy the administrator her heavy responsibility.

Everywhere I go I find conscientious hospital and nursing administrators valiantly fighting the uneven battle between their ideals of care and the practices they must countenance in today's pressures. But in my field travel in the past months I have also found a growing apprehension among nurses over some of the attitudes and practices that seem to be in the ascendancy. "When they opened the new hospital here," writes a nurse, "they literally took women off the streets, put them into uniforms, and turned them loose on patients. There were good nurses available to teach them *something* about patient care but our offers were spurned." One of my neighbors, newly widowed and utterly ignorant of the simplest nursing procedures, turned to the hospital for a job when no one else would employ her because of her lack of training. She was put into uniform and *immediately* set to work at giving enemas. Appalled by the responsibility of the job, she had sense enough to quit at the end of the first day, as I know others have done.

Two attendants in a city hospital told me, "The pay is good, the hours are all right. We are treated well and we like the work, but we have no business messing with medicines and things we don't rightly know how to do. So we're quitting. Maybe somewhere else we can just do the things we know how to do."

In this public hospital where all eligible applicants must be accepted, the patients come in floods, the help in dribbles. Regardless of whether or not the administration could avoid having amateurs "messing around with medicines," the aide with a conscience revolts against orders she cannot fill with safety to patients. Conscience is not a matter of rank or book education. The head of an accredited school for practical nurses says, "Our students are taught just how far they can safely go in nursing care—and they want to stay within those lines. But again and again the graduates report instances of being *ordered* to go beyond the lines. Then they must either quit or stifle their consciences." The tragedy is that the great majority of aides at work in our hospitals today have had

no teaching whatsoever—and their activities are limited only by the hurried attention of a harried supervisor, and by their own sensitiveness to situations. If their conceits are greater than their consciences, Heaven protect the patients.

In the hurly burly of simply getting the order book checked off, it is easy for values to get distorted. A head nurse cried out recently in anger, "I'll be glad when we have nothing but practicals here. I'm sick and tired of nurses who insist on doing things for patients that are not in the order book." Two private duty nurses with excellent records who wanted to "help out," applied for general duty jobs in this institution. They were told there were no openings, yet practical nurses were steadily being engaged at a ratio of four to every professional nurse. Another distorted viewpoint is indicated in the note that was passed to me at a meeting on auxiliary aides by a man who mistook me for someone else. "Here's a fat chance to tell off those uppity nurses." Later in the corridor, I had a right good time explaining the facts of life to the embarrassed young man. He was a fine fellow, only some of his ideas were warped. I found with him, as I've found countless other times, that when you talk out your viewpoints without heat or rancor, you come a long way toward finding your points of agreement. It is on the points of agreement that you finally settle your points of disagreement.

The hardest nut to crack (no pun

Probie

"We were all out of casualties."

intended) is the fellow who is pretty sure he knows all the answers—well, most of them. He knows you can use so many aides to so many professionals, and he is pretty sure he knows where the job divisions should come. But he cannot possibly understand the values in the professional nurse's disciplined intelligence, won by long, orderly training. He sees only the obvious—the bed pan carried by the nurse is the same pan the aide carries. Hence it's "cheaper" to use the aide. A head nurse, who by orders, spends more time tallying the pill count and filling out forms than in observing patients, tells of the hard-to-diagnose patient whose "inners" stubbornly resisted all cathartics and enemata. Finally the aide announced a successful return. "What was it like?" asked the head nurse, mindful of the doctor who eagerly awaited confirmatory evidence. "Oh, all right," was the indifferent reply. The unknowing observer notes only that the aide took no longer at this job than does the professional nurse, so why use the professional? I think some nurses, not very close to patient care, make the same kind of error in their observations.

The effects of this confusing and confounding situation on nurse morale are immeasurable. We only know they are not good. In a symposium on patient care a doctor warned recently, "You take away any more of the nurse's job and her job satisfactions, and pretty soon you won't have anyone coming into nursing." An able young matron who returned to duty to help her sorely pressed hospital remarks rather bitterly, "I don't blame the nurses for losing heart and losing interest. They've been pushed away from the patient and now they're mostly doing what the aides and maids won't do."

Associated with this whole matter are contributory factors that must be treated before a final solution is found. Hospital beds should be used only for patients actually needing hospitalization, and not by people who are there because they have "Blue Cross" or because their doctors do not make home calls. Hospital administrators, the nursing profession, and the patients are all "victims" of the concentration of care in these institutions. Other types of care must be developed, and insurance coverage extended to care outside of the hospital.

We have a lot of learning to do with and from each other and—despite appearances to the contrary—that is precisely what we are trying to do. The mistakes all of us make spring mainly from wrong judgments or lack of understanding. Not one of the groups immediately concerned has a monopoly on good or ill will. But it is primarily the job of the nursing profession to fight with all its power to maintain safe and productive standards of care, the while it works to meet the extraordinary new demands of today and tomorrow. Organized nursing has stated what it stands for in the use of auxiliary aides in nursing care. It needs now to state *what it will not stand* for in their use.

Reviewing the News

▶ NURSE SHORTAGES in the military, mentioned at National League for Nursing convention in June, will probably reach new high, as a result of the loss of authority on June 30 to recall reservists involuntarily. The Army now has vacancies for about 1,100 ANC officers.

▶ STATE LEAGUES: Pre-convention meeting in Cleveland of 37 presidents or alternates of 45 organized state leagues disclosed that nine of 45 are incorporated and five are in throes of incorporation. Newsletters or bulletins are issued by eleven, and eight have full- or part-time executive secretaries. State representatives were told that flexibility was key to effective organization on state and local level, and that long-range plans should aim at integrating leagues and community health and nursing councils.

▶ ELECTED OFFICERS of National Student Nurse Association, formed at NLN convention, are Mary Smith, Los Angeles County Hospital School of Nursing, president; Phyllis Halverson, University of Minnesota, first vice-president; Marinel Morrison, Florida State University, second vice-president; Joseph Barry, Mills School of Bellevue Hospital School of Nursing, recording secretary; Patsy Dutton, University of Nebraska, corresponding secretary; and Lucie Schultz, Santa Rosa Hospital School of Nursing, treasurer. Betty Hilton of Philadelphia General Hospital will serve as graduate advisor. Three other advisors will include one from ANA, one from NLN, and an additional one from National Student Nurse Association. NLN advisor is Mrs. Winifred Cushing Harby of Seattle, Wash.

▶ A VOTE TO CONTINUE the 32-year-old National Health Council resulted when the Council's delegates met to act upon a recommendation from the Board of Directors for "orderly termination" of the program. Delegates stipulated, however, that the Council limit its activities to those that "can be conservatively provided for by its dependable revenues." Dr. James E. Perkins, managing director of the National Tuberculosis Association and the newly-elected chairman of the Executive Committee of the Council's Board of Directors, explained that, in 1948, the Council received a three-year grant from the Rockefeller Foundation that permitted the employment of a professional staff. Last year the Council became totally dependent upon contributions from member agencies which now

number 44 organizations in health, welfare, and related fields. The Council's financial troubles were further increased by the withdrawal from membership of the American Cancer Society which had contributed $10,000 yearly to the Council's operation.

▶ THE WINNER of the 1953 Mary M. Roberts Fellowship Award is Regina Theresa Adams of Seattle, Washington. As winner of the award, Miss Adams will receive between $2,000 and $4,000 to help pay the costs of a year's study in journalism. Miss Adams, an instructor in surgical nursing at Seattle University, will enroll in the College of Journalism, Marquette University, Milwaukee, Wisconsin.

▶ AMA REPORT: At its 102nd annual meeting, held in New York City, June 1 to 5, the AMA:

¶ elected Dr. Edward J. McCormick, Toledo surgeon, as its president.

¶ voted to oppose free government medical care to veterans with non-service connected disabilities.

¶ re-affirmed its opposition to the provision of health care to the dependents of servicemen by the military.

¶ approved a resolution criticizing the expenditure of Federal funds for free diagnostic services to crippled children regardless of the ability of their parents to pay for such services.

¶ rejected 11 resolutions censuring the American College of Surgeons and its director Dr. Paul R. Hawley for the latter's charges of fee-splitting and ghost-surgery, reported in *U.S. News and World Report.*

¶ deferred action until 1954 on the controversial report of the Cline committee. The report recommends that osteopathy no longer be classified by the AMA as cult healing; seeks an improvement in osteopathic education; advises that state medical associations assume responsibility for determining relationships between osteopaths and M.D.'s; and asks for the authorization of further study of this problem.

¶ postponed action on stricter internship standards proposed by the Council on Medical Education and Welfare.

¶ heard Mrs. Oveta Culp Hobby, Secretary of Health, Education, and Welfare, repudiate government medicine and call upon organized medicine to make best medical care available.

▶ NURSE POLLS: Marriage is the goal of the majority of students at the University of California School of Nursing, according to a study conducted by Mrs. Alice Ingmire, assistant professor of nursing. Two-thirds of the students who were questioned revealed that they wanted to work five years, then marry and raise a family of three or more children. The study revealed that the average student nurse likes her career, comes from a middle class family, has an allowance of about $25 a month sup-

plemented by part-time work, exhibits no racial or religious prejudice, and believes in the teachings of the Bible . . . In a different type of survey, aimed at improving nurse recruitment and the nursing shortage, almost 3,000 nurses were polled by the Presbyterian Hospital, Columbia-Presbyterian Medical Center, New York City. According to the chairman of the Hospital's nursing committee, the respondents, consisting of Presbyterian graduates and graduates of other schools, believed that the 40-hour week was an essential hospital policy; the hospital should employ more auxiliary help; offer more part-time employment; and provide more social activities and off-the-premises housing. Other findings indicated that 43 per cent of the Presbyterian graduates were inactive, and that nurses were interested in specializing in certain fields of nursing such as orthopedics and neurosurgery.

▶ POLIO POLICIES of the Continental Casualty Co. have not been paying propositions, states an article in *The Accident & Health Review*. Earlier recognition of polio, more severe epidemics, and higher cost of care have forced Continental to raise its rates twice since 1949. Current new and renewal rates are $10 for the one-year family policy and $5 for the one-year individual contract. A breakdown of claim payments, through September 30, 1951, on claims incurred in 1949, showed that nurse expense payments were the largest item—$235,565.27. Payments for physicians' visits, the second largest item, came to $233,245.11. It is reported that though nurses were not used often, when they were employed, their services were in demand for long periods. The article says that some trouble was encountered in the use of practical nurses; "in some cases they were employed as housekeepers, but such abuses were not numerous."

▶ EXPENDITURES FOR "private-duty trained nurses" declined from 2.4 per cent of the total expenditures for medical care in 1935-1939 to 1.3 per cent in 1950, according to Bulletin 87, "Medical Care Expenditures, Prices and Quantity 1930-1950," by Frank Dickinson, director of the Bureau of Medical Economic Research, American Medical Association. Although medical care expenditures during the last 20 years have remained at about 4 per cent of the consumer budget of the American people, average weekly earnings have increased so much more rapidly than the cost of medical service that the worker today can buy almost twice as much more care with his wages as he could in 1935-1939 and still stay within the 4 per cent range, states this bulletin.

▶ NEWSLINGS: Army Medical Service training courses held annually for the training of enlisted technicians at practical nurse level are to be increased. Additional courses are to be given at the Walter Reed Army Medical Center, Fitzsimons, Letterman, and a course is to be [*Continued on page* 57]

So you want to write an article

by Evelyn Pastore, R.N.

Drawing by Elyon

■ A PROFESSOR of a school of journalism, who was also an editor of a prominent newspaper, was once asked by a student to map out a sure road to journalistic success. To the class' amusement, he answered, laughingly, "Marry the publisher's daughter."

Material for articles is much more available to nurses than publisher husbands. Every day you are surrounded by article possibilities which would put a freelance writer behind his typewriter for months. To check on this, flip through a sampling of magazines and note the number of articles you find on health, on medicine, on nurses and nursing.

These you would find in general magazines. The nursing journals and magazines, which are always on the alert for nurse-writers, are almost an exclusive field open to you by virtue of your R.N. Your profession gives you an advantage over many people who write; you already have a specialty, something many writers work years to attain.

But, the professional writer, like the Cordon Bleu chef who said to the visiting American, "Madame, more than the ingredients go into the making of good crepes suzette," has learned from study and experience many things about writing and getting published.

The freelance writer who is writing an article about patient rehabili-

tation—as an example—may know little or a great deal about this phase of medicine. But, he does know how to get his information, how to do research, how to organize and write his article. And, equally as important to the writer who depends on sales for his bread and butter, he knows how to market his article.

Much of this, except the actual writing, might be called spadework. It is done largely before a word of the article is put on paper. To you, who want to write, knowledge of this spadework will save you time, effort, and even money (postage for sending out manuscripts adds up), to say nothing of rejection slip blues.

If you are a beginner, you will probably prefer to write your first article about something which you know well. Let's say that you have been working with patients requiring rehabilitation, and you want to write an article about it for a nursing journal. You know from your experience many of the important aspects of this type of nursing—enough at this early stage, you think, to make an outline of the projected article.

To broaden the base of your article, you will want to see what else has been written on this subject, and what authorities in this field have to say. Certainly, some of your investigation can be done by talking to the doctors with whom you work. Be alert for information from co-workers, assistants, and from your patients themselves. Though you will do all of this informally, this, in the freelance writer's mind, would be interviewing. If he didn't take notes while he was talking to these authorities, he would record his results at his first opportunity. You should, too.

Then, with your first off-duty opportunity, hide from your friends in the best medical library your community has to offer. Go armed with pencil and paper—a sure defense against loss of time.

Your own hospital or training school may have an excellent library for research. If you don't find all your information there, most cities and counties have health libraries, supported by medical or volunteer associations, which are gold mines of medical literature. The real advantage of these latter sources is that the cataloging is usually excellent, which enables you to track down your material with the minimum of wasted time and effort. Many public libraries have divisions devoted to medical literature. The librarian is the article writer's best friend, charting gladly the sometimes devious routes of research.

Your investigation in the library should have three main purposes: research, marketing, and slanting. You will combine and over-lap these activities.

Wanting to write an article, goes hand in hand with the desire to be published. From the minute you think of writing your article, you should have publication possibilities in mind. Before you start writing your article, you should fairly well settle where you are going to market it.

The term "market" in writing has

justifiably developed, for along with being adept at organizing and turning out manuscripts, the writer must be a good salesman. Success in the literary market place usually relieves the writer of the latter responsibility. Then an agent will, for a fee, take the task of selling the writer's products. Even in this Utopia the writer cannot forget markets completely, for if he wants to continue to be published and successful, he must know market demands.

Since you are writing a technical article about nursing for nurses, your markets are fairly well narrowed down to the nursing profession's magazines. This market is not as narrow as you might think, as a survey of your library will prove. There's a list put out by the National Health Council which names all publications dealing with health subjects and their addresses. It is called *Periodicals of Interest to Public Health Workers,* and can be obtained from the National Health Library, 1790 Broadway, New York 19, N.Y. for 50 cents. This should give you some ideas.

Later when you branch out into the general readership market, you will want to have at least one of the very useful market directories on the shelf with your dictionary. To mention a few, there are: *The Writer's Market, The Writer's Yearbook,* the *Writer's Handbook* with the publication's name and address, editors' names, rates of pay, manuscript requirements, and a fund of additional information.

When you are in the library, make a list of the potential markets for your article. Don't limit yourself. Make it a long, healthy list. There are several guides that you can keep in mind. The most obvious one has already been indicated—suitability of the article to the magazine. One New York publisher of an avant-garde magazine says that out of the one or two hundred manuscripts he receives monthly, more than half are gun-popping Westerns, slick stories, or true confessions. Naturally, they get no more than a glance before they are back to the writer.

You should remember that a magazine—even one given over to a specialized field—has a wide territory to cover. If the magazine you have in mind as a market treated your subject in an article this month, there's little chance that your article will be accepted. It might, however, if your article concerns a different aspect of the same subject. As you do your research, note the markets that are eliminated for this reason. Also, since there is a certain amount of competition between magazines which are trying to reach the same readers, recent coverage of your subject in one nursing journal, may cause the editor of another to reject your article.

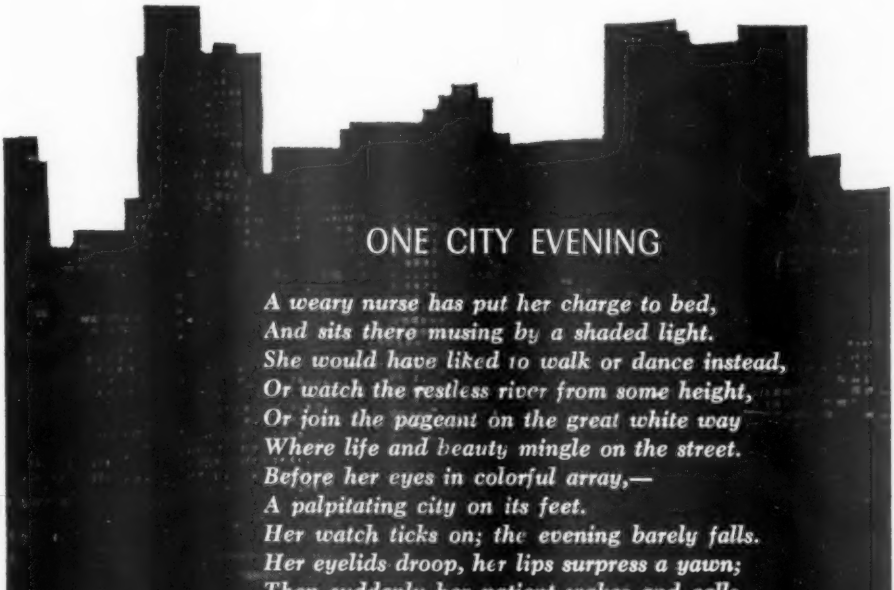
But, the whole picture isn't negative. You have a long list of possible markets and that gives you good odds. And never give up hope. Margaret Mitchell sent *Gone With the Wind* to 33 publishers before it was accepted.

It is accepted writing practice to query an editor before writing an article you have in mind. This saves

time for both you and the editor. Consider your letter as a teaser—it should arouse a craving for copy, as smoked salmon stimulates an appetite. Your letter should be brief, well-mannered, and neat. There are several ways of presenting your ideas to an editor: you may send your outline along with a short letter, or you can present your article idea in the actual letter. In either case, your chances for a "go-ahead" improve if your letter shows a knowledge of your subject and an ability to write the proposed article.

If the editor is interested, he will usually—unless you are a famous writer and well-known to the magazine—agree to read your article on "speculation." This means that the editor reserves the right to reject the manuscript after he has read it.

With a green light from an editor, comes your third library duty. Very often when an editor is interested in an article idea, he will outline in some detail how he would like the article, i.e. the viewpoint, the important factors to his publication, and the desired method of treatment. To clinch your sale it is well to follow this advice as closely as possible. Even with this help, you will be wise to study several, recent (because editorial policy fluctuates) issues of [*Continued on page* 60]



ONE CITY EVENING

A weary nurse has put her charge to bed,
And sits there musing by a shaded light.
She would have liked to walk or dance instead,
Or watch the restless river from some height,
Or join the pageant on the great white way
Where life and beauty mingle on the street.
Before her eyes in colorful array,—
A palpitating city on its feet.
Her watch ticks on; the evening barely falls.
Her eyelids droop, her lips surpress a yawn;
Then suddenly her patient wakes and calls
And instantly her weariness is gone.

She's on her feet, each movement sure and fast,
Until another night has waned at last.

by Rae W. Jacoby

Reprinted from INSPIRATION—July, 1948

Interview with Mabel Davies, R.N.

Mural by Robert Lambdin

The Heart of a Hospital

by Frances Lewis, R.N.

■ ALTHOUGH Beekman-Downtown Hospital in lower Manhattan has recently shed its dingy, crowded quarters for a spanking new building, a few of its older employes are worried. They like the easy-to-clean floors, the efficient equipment, and the enlarged work space, but they're afraid that the spirit of the old Beekman will vanish, will be sacrificed on the streamlined altar of modernity.

There's good reason to believe that these fears are unfounded. For even a casual visitor like myself can sense the spirit of camaraderie and compassion pervading the new Beekman. You sense it in the doctors' and nurses' manner, in the way they treat patients and the way they treat each other. You see it reflected in the attitude of its employes—from department heads to the dishwashers.

And nostalgic opinion notwith-

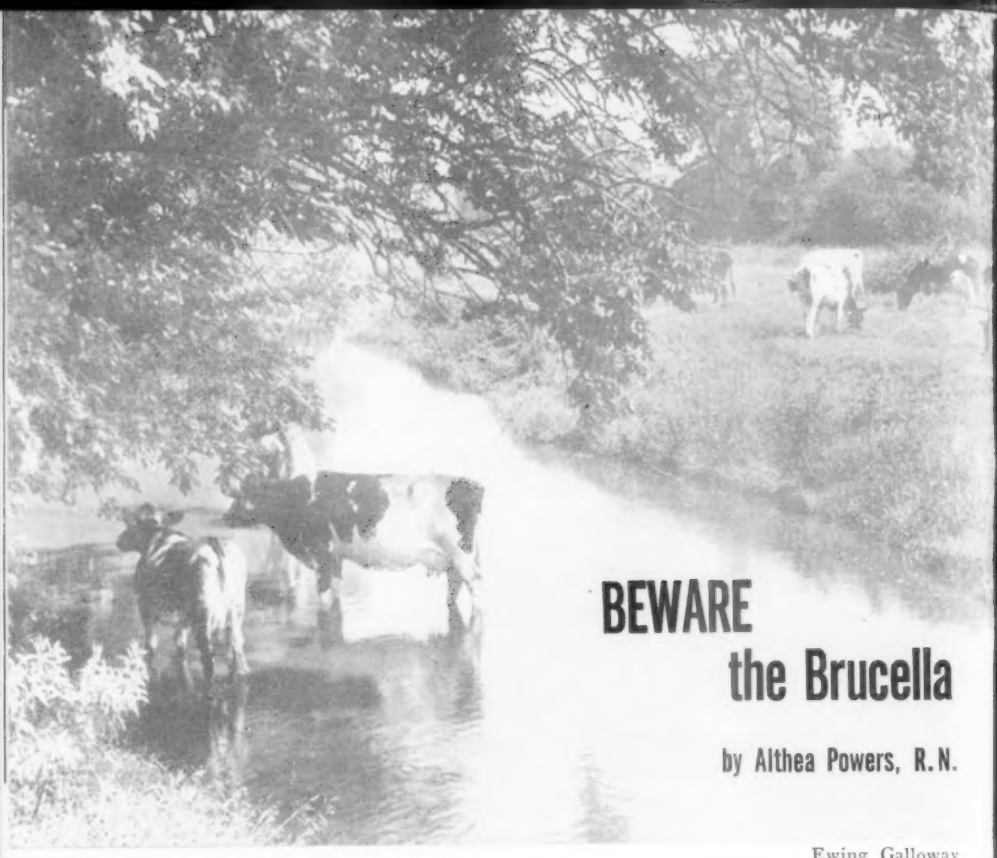
standing, no structure of steel and concrete can determine the spirit of a hospital. This stems from the human being administering the institution. It was true of the old Beekman, and it is certainly true of the new Beekman where business proceeds as it has for the past 28 years under the easy direction of an unusually able—and human—nurse administrator, Mabel Davies.

That those who govern Beekman know the true source of the hospital's esprit de corps was brought out most poignantly last April when one of the hospital's directors presented Miss Davies and the hospital with a colorful mural depicting her as the inspiring central figure of the institution. Plans for the unveiling ceremony, which took place shortly after the dedication of the new building, were known by everybody except the honoree, and it was only through the combined ingenuity and wiles of her secretary and staff that Miss Davies, who has a modest—but inquiring—nature, was kept in the dark about the event and the complimentary speeches that went with it.

Although the diminutive, gray-haired administrator now admits that perhaps it is better to be memorialized while you can still enjoy it, she still seems a little dubious about "all that publicity." In fact, she'd far rather talk about the new hospital than about herself. I found this out very early in my visit to Beekman, for it was obvious that she thought her biographical data was of small importance. However, in the British accent which still clings to her speech, she did tell me about her early trip to America to enter training at Presbyterian Hospital in New York City. (The reason she came so far away from her English home was to make sure that she wouldn't be tempted to leave training.) Then she handed me a paper which stated that she was a charge nurse at Presbyterian after graduation, received British, French, and American awards for her war work in France during the first World War, was appointed assistant director of nurses and then assistant superintendent at Presbyterian, and finally in 1925 became superintendent of Beekman-Downtown Hospital.

By the time I had finished reading the imposing list of her outside activities in the hospital and nursing fields, Miss Davies appeared thoroughly bored with the details of her life, and when I said I was looking forward to a tour of the hospital, she hopped from her seat with alacrity, collected her secretary, and off we went.

As we started along the corridors, I was given a brief sketch of the new hospital's history. It seems that the eight-story, 170-bed hospital is the first voluntary general hospital to be built in Manhattan in 20 years. Not only does it serve the financial district where the daytime population reaches about a million people but it also provides all medical services, except obstetrical, to the 50,000 residents of the area from Canal Street to the Battery. The Hospital's patients [*Continued on page* 69]



BEWARE the Brucella

by Althea Powers, R.N.

Ewing Galloway

■ BEWARE THE brucella, for among the more implacable of man's foes in his constant battle against disease, these organisms often lurk in unpasteurized milk and milk products. For this reason, a few words of warning may not be amiss during this season when numbers of urban dwellers are country-bound for vacation relaxation.

The brucella employ fifth column tactics in their invasion of the human body, with the result that the symptoms of brucellosis—commonly called undulant fever—are often deceiving and may lead the physician to suspect typhoid fever, malaria, tuberculosis, tularemia, or a number of other diseases. Frequently insidious in its onset, difficult to diagnose, and capable of re-asserting its presence after remissions lasting for six to nine months or more, brucellosis is often a cause of consternation to both physician and patient.

Actually, there are three types of brucella organisms capable of causing brucellosis in humans. The first type to be identified—Brucella melitensis—was found in man by Sir David Bruce, and it is from him that these organisms derive their generic name. Later, it was found that goats are the natural reservoir for the Brucella melitensis. In 1897, the second type, Brucella abortus—the

organism responsible for epizootic abortion in cows—was discovered, and in 1914 there was isolated still another type, the Brucella suis, which causes epidemic abortion in hogs. Although all three strains may cause brucellosis in humans, the majority of cases in the U.S. are due to Brucella abortus, the least virulent of the organisms.

Undulant fever may arise either through direct contact with infected animals and their surroundings or from the ingestion of milk or milk products containing living brucella. Apparently healthy animals may shed large numbers of brucella for months and even years without showing any outward signs of the disease. As a result, brucellosis is commonly found among meat packing employes, farmers, livestock producers, veterinarians, and members of similar occupations. Due to the difficulty of diagnosis, the prevalence of brucellosis is not easily determined. Dr. Alice Evans, a pioneer worker in this field, has estimated that there are at least 40,000 cases of this disease in the U.S. during any one year.

The brucella gain access to the body through the digestive tract, through abrasions in the skin, or possibly—mingled with the dust of barns and sties—through the mucous membranes of the nose and throat. Once inside the body, they travel to the lymphatic glands of the pharynx and mediastinum. After a period of time, they migrate from these glands by way of the blood stream and lymphatics and eventually become localized in a particular tissue or organ. The brucella have a predilection for the tissues of the reticuloendothelial system – particularly those of the liver, spleen, and bone marrow, but no tissue or organ is immune to attack, and there may be numerous localizations of infection scattered throughout the body. Like the tubercle bacilli, the brucella establish a stronghold within the very cells of the tissues. (They even multiply intracellularly.)

Brucella infections may be either acute or chronic and the onset of the disease may be either sudden or insidious. Chills, fever, night sweats, generalized aches and pains, severe headaches, and insomnia are among the more common symptoms of brucellosis. As evening approaches, the patient's temperature may go to 104° or 105° F., dropping gradually to normal or nearly so by morning. Weakness is almost constantly associated with this disease—a weakness which may be so pronounced that extreme exhaustion and fatigue result from even the slightest physical exertion.

The brucella have a tendency to attack the nervous system, the bones, and the genital tract. Nervousness and irritability are nearly always features of undulant fever, and meningitis, encephalitis, neuritis, or myelitis may develop. Bone lesions, particularly of the hip or vertebral column, are not infrequent; not only the spinal column itself but neighboring tissues and ligaments as well may be involved. Permanent joint damage [*Continued on page* 72]

Drug Digest

Sulfadiazine U.S.P.
(Sulfonamide)

PRODUCT NAMES: Distributed under official name.

PHARMACOLOGY: Because sulfadiazine interferes with certain enzymatic processes necessary for bacterial multiplication or survival, it exerts a powerful bacteriostatic and bactericidal effect on pneumococci, meningococci, beta-hemolytic streptococci, gonococci, staphylococci, and various other organisms. When used alone in the treatment of brucellosis, sulfadiazine is relatively ineffective, but when given concurrently with dihydrostreptomycin, the effect exceeds that of either drug alone.

DOSAGE: Various regimens have been suggested involving the use of sulfadiazine in the treatment of brucellosis. A typical schedule for adults calls for a daily dosage of 6 Gm. of sulfadiazine (1 Gm. every 4 hours) administered orally over a 14-day period together with the daily administration of 2 Gm. (0.5 Gm. every 6 hours) of dihydrostreptomycin. Frequent determinations of the blood level should be made and the dosage adjusted to maintain an optimal level; too high a concentration of sulfadiazine in the blood leads to toxic manifestations while too low a concentration prevents a satisfactory clinical response.

UNTOWARD ACTIONS: The most common danger is the possibility of the occurrence of hematuria, oliguria, and anuria due to the crystallization of the drug or its products in the renal tubules. This may be avoided by forcing fluids in order to maintain a high urinary output. Alkalizing agents such as sodium bicarbonate or sodium lactate are also useful in preventing the precipitation of crystals in the kidney. Occasionally, drug fever, rash, hepatitis, granulocytopenia, hemolytic anemia, and conjunctival injection may occur.

'Brucellin' Antigen
(Brucellosis Antigen Therapy)

PRODUCT NAMES: Distributed as 'Brucellin' Antigen.

PHARMACOLOGY: 'Brucellin' Antigen is a culture filtrate prepared from virulent strains of Brucella abortus, Br. melitensis, or Br. suis. The filtrate contains no bacterial cells but only the soluble toxins manufactured by the bacteria. Authorities are not in complete agreement as to the value of this product but a number of them believe that it is indicated in the active phase of brucellosis and that it may be of use as an aid in the treatment of chronic brucellosis in those cases where antibiotics or chemotherapeutic agents are ineffective.

DOSAGE: The dosage of 'Brucellin' Antigen varies for each patient. An intradermal injection of about 0.1 cc. of 'Brucellin' Antigen is given to determine the patient's sensitivity to the drug. Subsequent doses are regulated in accordance with the patient's response to each preceding dose. In the presence of an active infection, injections are repeated at 3-day intervals until both the morning and evening temperatures remain subnormal during the period between injections. Usually, at least 3 or 4 systemic reactions from 'Brucellin' Antigen are necessary to produce this result.

UNTOWARD ACTIONS: 'Brucellin' Antigen is contra-indicated in cardiac disease, brain tumor, neoplasm of the kidneys, pernicious or aplastic anemia, epilepsy, or diabetes. Since the potency of each lot of 'Brucellin' Antigen varies slightly, a skin test of the new lot should be administered whenever the lot number is changed during the treatment of a patient.

Oxytetracycline N.N.R.
(Antibiotic)

PRODUCT NAMES: Terramycin.

PHARMACOLOGY: Terramycin inhibits many of the gram-negative and gram-positive bacteria, the spirochetes, the rickettsiae, and certain of the viruses. When the drug is used alone in the treatment of brucellosis apparent recovery usually results. In some cases, however, relapses are later observed. Recent studies show that the occurrence of relapses may be decreased when dihydrostreptomycin is employed concurrently with Terramycin.

DOSAGE: The dosage of Terramycin differs with the severity and type of infection. According to a schedule recently recommended, 3 Gm. of Terramycin are given each day, by mouth, in divided doses together with the intramuscular administration of 2 Gm. of dihydrostreptomycin. Both drugs are taken for a period of 12 to 14 days. If localizing lesions are present, it is suggested that the treatment be extended to 3 or 4 weeks and that the dihydrostreptomycin be reduced to 1 Gm. per day. Where prompt relief is essential, Terramycin may be given intravenously.

UNTOWARD ACTIONS: Allergic reactions such as drug fever or skin rashes may occur when Terramycin is given. Gastro-intestinal reactions sometimes result in nausea, vomiting, or diarrhea but these may be lessened by giving the drug with milk. Fungal infestations of the mucous membranes of the mouth, anus, and vulva sometimes occur following prolonged therapy. This overgrowth of monilial organisms, thought to be due to the suppression of the normal bacterial flora, and the development of resistant strains of organisms such as the staphylococcus, should be watched for.

Brucella Vaccine N.N.R.
(Brucellosis Vaccine Therapy)

PRODUCT NAMES: This product is also distributed as Undulant Fever Vaccine.

PHARMACOLOGY: Made from killed Brucella abortus, Br. suis, or Br. melitensis organisms, brucella vaccine may be used for intradermal tests and in the treatment of brucellosis. Because the injected dead organisms tend to stimulate the production of agglutinins, skin tests are not made until all other test measures have been employed. Although authorities are not in complete accord as to the effectiveness of these vaccines, many recommend their use as an aid in the treatment of chronic brucellosis when the response to antibiotic or chemotherapeutic agents has been disappointing.

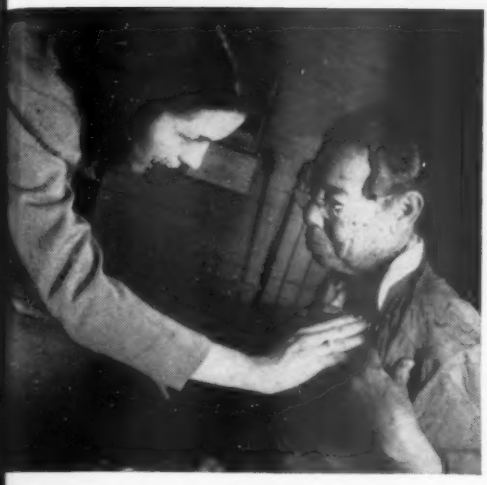
DOSAGE: Dosages of brucella vaccine must be adapted to each individual patient. The initial injection usually consists of 0.1 to 0.25 cc. of a vaccine containing 2 to 6 billion organisms, given subcutaneously or intramuscularly. The doses are gradually increased as tolerated and may be given at 2- to 5-day intervals until a dose of 1 cc. is reached. The number of systemic reactions which should be experienced during this therapy appears debatable. Certain authorities state that a period of several weeks should elapse following the first strong constitutional reaction to determine whether further treatment is needed. Others believe that it is necessary to induce from 4 to 6 sharp systemic reactions in order to secure the best results.

UNTOWARD ACTIONS: A test dose of 0.05 cc. of a 1:10 dilution is usually given intradermally to determine hypersensitivity to the vaccine. The vaccine is contraindicated in active cardiac or renal disease, advanced arteriosclerosis, meningeal or cerebral localizations of the brucella, or the acute fulminating form of the disease.

Back Roads Angel

■ In the humble homes along the dusty back roads of South Carolina, 26-year-old Ethel Ferguson is called "The Angel." A visiting nurse of the American Cancer Society's South Carolina Division, she is one of eight nurses who cover the state helping to care for the victims of cancer. Driving from 100 to 200 miles every day, she visits 20 or more patients every week. Her grueling day begins at 8 A.M. and generally ends late in the evening. In that time, she changes the dressings of those who've had operations, urges recovered patients to return for clinic check-ups, and makes advanced cases as comfortable as possible. With tact and firmness, she tries to dispel fear or misinformation about cancer and explains the importance of routine periodic physical examinations. Many times she must teach a family elementary nursing care and offer guidance in psychological adjustment. So well has Ethel Ferguson accomplished these tasks in the past three years, that last year the State Cancer Society gave her a citation—an honor not usually conferred until after five years of service.

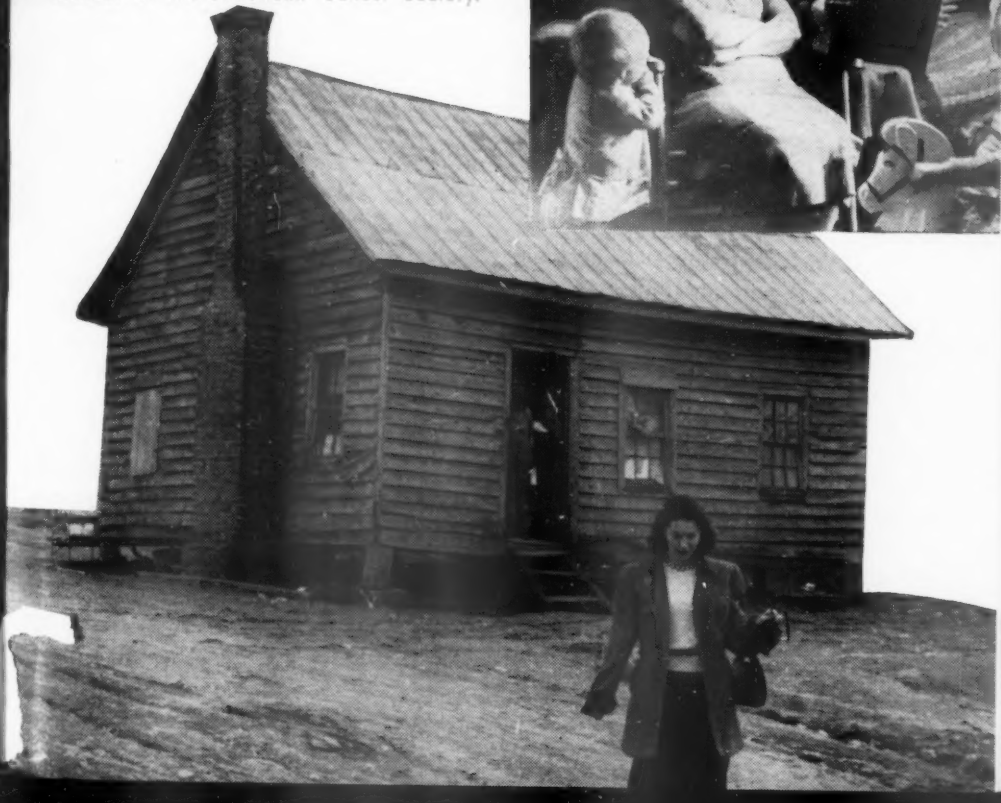
Wide World Photos, Inc.



One of Miss Ferguson's patients, Mary Prescott, a 72-year-old woman of Ridge Springs, S.C., has been treated for cancer affecting the lymphatic glands. In this picture, the patient's face clearly expresses her pleasure that the visiting nurse has returned to make an examination of the therapy she has received.

Friendly Ethel Ferguson makes herself one of the family wherever she goes. On all her visits, she wears street clothes rather than a uniform because of their psychological effect. Patients like these shown below, who live in isolated, rural areas, eagerly look forward to her visit, and count the days until she returns again.

In her long, busy day as a visiting nurse for the South Carolina Division of the American Cancer Society, Ethel Ferguson must still make time for necessary office work. Here, in one of the county offices, she studies the case histories of her cancer patients in Aiken County with the assistance of Mrs. Cora Brodie, a county commander of the American Cancer Society.



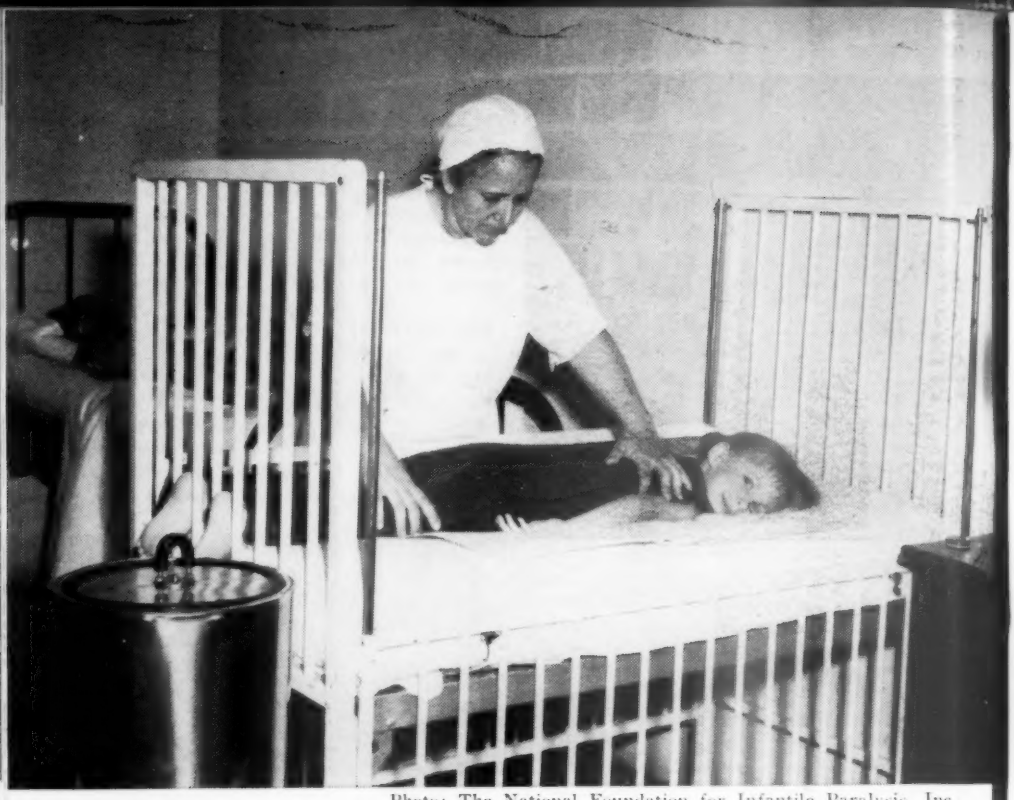


Photo: The National Foundation for Infantile Paralysis, Inc.

POLIO:

PACKS, POSITIONING, AND PRECAUTION TECHNIQUE

■ THE NURSE AND the patient have just met. The patient, John, has been admitted to the polio unit, and Mrs. Jones is one of the nurses who is to help care for him. John feels *sick*. He has a fever, and the muscles of his legs are painful and in spasm; his back and neck are stiff. He refuses to lie down, instead he props himself in a sitting position in bed, his arms extended behind him and his knees drawn up almost to his chin.

What does Mrs. Jones, who has never worked on a polio unit before, need to know in order to help such a patient in the present stage of his illness? Obviously, she must have some feeling for John as an individual and not think of him as just one more polio case. She must be cognizant that he is undoubtedly frightened and disturbed by the strange situation in which he finds himself.

Specifically, however, she needs to be familiar with the isolation techniques to be followed in caring for John; she needs to know how to

help him maintain his body in as good alignment as is possible in view of the fact that pain and spasm are present; and she also needs to know how to apply hot packs.

Isolation Technique

Mrs. Jones learned about isolation technique in her training school days. She realizes, however, that techniques differ according to the nature of the disease and the facilities on hand. Since polio is considered to be most communicable during the early part of the incubation period (usually 7 to 14 days) and the first week of acute illness, John will be kept in isolation during the first seven days of his hospital stay. Prior to his transfer to a convalescent unit, he must remain afebrile for 24 consecutive hours.

All persons entering the isolation unit for any reason whatsoever must wear gowns. Nurses preferably wear scrub dresses under their gowns, and put on clean uniforms when they leave the floor. Masks are no longer considered essential in polio care. However, if the authorities insist upon their use, it is important that masks be changed frequently. In any case, masks worn dangling about the neck, or masks that are carried around in pockets are more of a hazard than a safeguard.

The discard gown technique is preferred because it is safer and less troublesome to carry out. When the discard gown method is used, the nurse dons a clean gown each time she enters the unit and discards the gown each time she leaves the unit. It is not necessary to wash the gown each time it is used; it can be autoclaved and re-worn.

Dishes are brought from the patient's unit to a special area of the kitchen designated to serve as a contaminated area. Here, the garbage is scraped into a paper-lined receptacle which will eventually be burned, and the dishes are washed, and boiled for 20 minutes. Paper dishes, which can be burned after use, are time-savers.

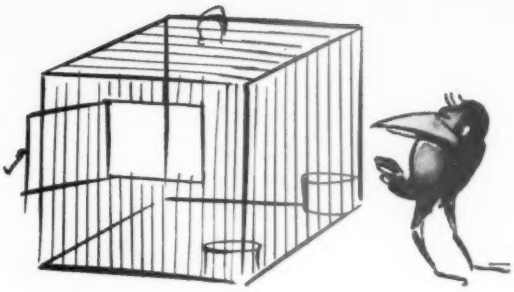
Usually the patients in an isolation unit are provided with their own individual wash basins, thermometers, and bedpans. Stools may be safely flushed down the toilet or hopper. Soiled linen is placed in bags kept in the unit and marked as isolation linen; this linen is handled separately from other hospital linen but no precautionary procedures aside from the routine laundry procedures are called for.

It is of paramount importance that the nurse wash her hands often and thoroughly. Although techniques may vary from hospital to hospital, it is recognized that running water is essential for proper handwashing. Detergents have been found to be more effective than the usual soaps, and the use of brushes is not advocated because of the dangers of irritating the skin.

Positioning

The maintenance of proper body alignment has always been a part of good nursing care. In polio, positioning is of prime concern due to the inability, in many cases, of the

by Althea Powers, R.N.



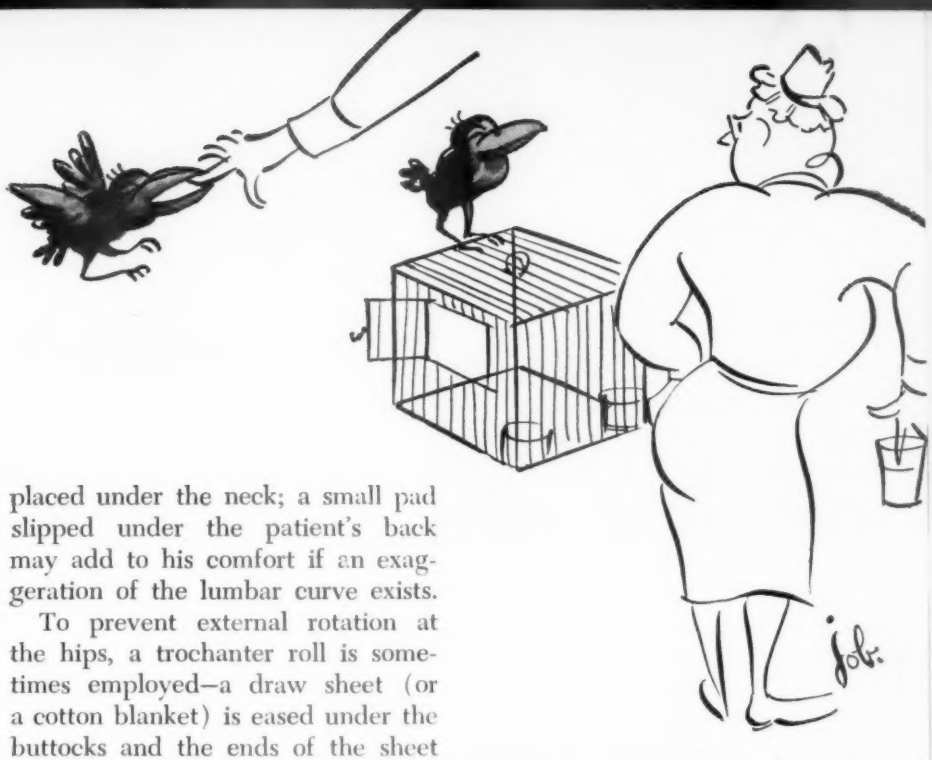
"Zeke & Dessie"

patient to help himself because of painful muscle spasm, general weakness, or paralysis. Foot-drop, outward rotation of the legs, flexion contractures of the hips and knees, adduction contractures of the shoulders, and tightness of the muscles through remaining in one position for a long period of time may all develop as a result of faulty or careless positioning. The maintenance of normal range of motion either by passive exercise or by the encouragement of active movement on the part of the patient also falls within the province of the nurse. Conference with the physiotherapist is desirable to determine limitations to the range of motion in certain affected parts.

The bed of the polio patient is a factor in the prevention of deformities resulting from poor positioning. A firm mattress resting on a bed board which is supported by the frame of the bed and not the springs, is essential. Innerspring mattresses are unsatisfactory. To prevent foot-drop, a footboard equipped with blocks to push back the mattress is needed. The bed is usually made up with cotton bath blankets over a rubber draw sheet; linen draw sheets are placed under the buttocks and under the head and shoulders.

Like John, most patients with acute polio will resist any attempt to force them into the recommended anatomical positions. It hurts too much. Patients with pain and spasm are supported in a position that is comfortable to them, and, gradually, as the spasm and sensitivity decrease, this position is adjusted for good body alignment.

In the ordinary supine position, the patient lies with his feet against the footboard, his heels resting in the space between mattress and footboard. A small pad is placed under the knees to provide a flexion of about 5° or 6°. In the modified supine position, numerous pillows may be required. If the knees are doubled and the hamstrings are tight, relief may be afforded by placing pillows crosswise under the knees and legs. A pillow doubled and placed against the feet will provide support in case of tight heel cords. If there is spasm of the neck muscles, a rolled towel may be



placed under the neck; a small pad slipped under the patient's back may add to his comfort if an exaggeration of the lumbar curve exists.

To prevent external rotation at the hips, a trochanter roll is sometimes employed—a draw sheet (or a cotton blanket) is eased under the buttocks and the ends of the sheet which extend beyond the buttocks on either side of the patient are rolled back against the patient's body. When fingers and hand muscles are weak, a hand roll may be used to keep the patient's hand in a functional position; it is particularly important that the thumb remain in apposition at all times.

In the routine prone position, the patient lies with his feet at right angles extending over the edge of the mattress. A roll is placed under the ankles to provide for flexion at the knees and the arms are placed at right angles to the body. The elbows are flexed to prevent tightness in the pectoral muscles. Small pads are placed under the shoulders to prevent hunching. The pads should be large enough so that the scapulae do not protrude—ideally the back should present a flat rather than a rounded appearance. A pad under the abdomen may be needed by some patients to prevent the development of an increased lumbar curve. If necessary, the lower legs may be supported on pillows to relieve the pull on the hamstrings and gastrocnemius.

When the patient lies on his side he may be almost lost from sight, he is so surrounded by pillows. His back is supported with a pillow; one small pillow is placed under his uppermost forearm and another small pillow is placed under his neck. His top leg is also bent and rests on a pillow to relieve the drag on his leg and foot.

At least two persons are needed to place a patient on a bedpan. While [*Continued on page* 63]

Photo: The Dallas Morning News

"EMERGENCY, DR. RED!"

The Story Behind a Fire Code

by Dardanella J. Evans, R.N.

■ HAVE YOU EVER wondered, as you made your rounds checking patients at night, just what you would do if a serious fire broke out in the hospital? Would you be able to get those orthopedic patients untangled from complicated contraptions in time to save them? What would you do about the patient who has just had a major operation, the patient in labor, or the critical patient whose life depends on continuous oxygen therapy?

On the night of October 24, 1951, a group of nurses on duty at St. Paul's Hospital in Dallas, Texas, discovered just what would happen in such an emergency. And if any one ever deserved praise it was those women in white along with many other cooperative citizens who established a record by successfully evacuating from the hospital 254 patients in various stages of recovery, without any apparent injury or ill effects.

Incredible, you say.

Well, here's the way it was done just in case you ever find yourself in a similar predicament.

The first warning of danger came shortly after midnight. Sister Alberta, the Superior, who with the other sisters was sleeping in quarters on the fifth floor, was awakened by the acrid smell of smoke. Looking upward she could see the flames leaping around a hole in the ceiling above their heads. She immediately aroused the others, and while they knocked on the doors of the off-duty nurses, she called the hospital switchboard operator, Mrs. Mary Jo Wilson.

Mrs. Wilson knew just what to do, for the Personnel and Safety Director of the hospital had required every employe of St. Paul's to know thoroughly the safety rules in the policy book. First of all she called the fire department number which she had posted; reported the location of the fire, and gave the dispatcher directions for the best way to reach the fire. Next, she calmly gave the hospital code message over the com-

Photo: The Daily Times Herald

munication system loud speaker so that all the employes would know their plight. With urgency and no trace of hysteria, her call, "Emergency, Dr. Red!" echoed through the quiet corridors. After repeating the abbreviated announcement several times, Mrs. Wilson phoned all off-duty doctors, nurses, and attendants, and other personnel of hospitals and organizations who could be of assistance. With only 60 or 70 of the hospital's regular 439 employes on duty, she kept right on calling names until every name on the emergency list had been checked off.

In the meantime, the nurses, both students and graduates who had been asleep, hastily donned clothing and rushed to the aid of those on duty. By now, smoke was filling the halls, and patients who had awakened to the noise and excitement were becoming restless. But panic was averted by the calm voices of the nurses assuring them that, although there was a fire in the building, they would be evacuated at once if the situation demanded it.

Photo: The Dallas Morning News

It was not long before the fire trucks from near-by stations arrived with sirens whining. Sizing up the situation, fire department officials gave orders to evacuate the hospital, and called for additional fire equipment. Some firemen were assigned to fighting the 30-foot blaze which engulfed the fifth floor of the west wing, while others helped with the evacuation of patients.

In a matter of minutes, the police traffic experts had organized a convoy of ambulances, taxis, busses,

and other available vehicles—even private automobiles—to rush the patients to other hospitals in the city. Taxis and police cars carried ambulatory patients, while stretcher cases were placed in ambulances. Eventually, only one patient remained in the hospital. Since she was an elderly woman in critical condition, receiving oxygen continuously, she was moved down to the safety of an office in another part of the building where oxygen therapy could be continued. Some of the patients who underwent surgery less than 24 hours before walked down as many as three flights of stairs. The orthopedic patients were moved out, bed and all when it was indicated by the spread of the fire.

While this methodical evacuation was being carried on, police were on the alert for known drug addicts who might try to get into the hospital to steal narcotics. They also took care of the constant flow of calls by manning radio equipment. Residents living nearby brought additional blankets from their homes to keep the patients warm in the rather cool 50 degree night air until their transportation arrived. A makeshift hospital was set up a few blocks down the street in a vacant building which was a part of the Baylor Dental College.

Mrs. Amelia Johnson, night supervisor of the fourth floor nursery, and her assistants had just started feedings when the fire alarm sounded. While the angry blaze was reflected in the nursery windows, doctors, nurses, and interns wrapped babies and carried them to the safety of the nurses' home down the street; others transported charts, records, and carefully selected essentials such as diapers, incubators, cribs, shirts, and bottles. The vigorously crying, hungry infants were placed in the auditorium of the nurses' home which was propitiously set up with bales of hay covering the room for a student nurse party and minstrel show. The nurses laid the infants on top of the hay until equipment and feeding material arrived. There were thirty-four babies in all, and four premature babies who were quickly transferred to a pediatric ward in another building.

Luckily, there was only one patient in labor on the maternity ward—one mother had delivered less than an hour before the blaze, and her baby had been properly tagged in time. The one remaining labor patient gave birth to her son in an improvised delivery room in the basement of the nurses' home. Some of the patients who had delivered the day before carried their own infants to safety. Although it was necessary for many of the new mothers to leave their babies at St. Paul's while they were transferred to the Florence Nightingale Maternity Hospital a few blocks away, neither mothers nor babies seemed the worse for wear by morning. By daylight, all the patients had been returned to their wards, and order was restored in spite of the severe fire.

Immediately, radio stations and newspapers in the city helped to launch funds to finance the re-build-

ing which was necessary, and within a few days thousands of dollars had poured in. On April 27, 1952, the final chapter of the fire ended with the opening of two new $1,500,000 wings—both fireproof.

Praises are still resounding for the successful evacuation program in which all the patients were safely evacuated from St. Paul's without a single casualty. *But if the hospital staff had not been properly prepared in advance by following a planned evacuation program inspired by the fire insurance company, the death toll might well have been a tragic memory instead of an outstanding example for others to follow.*

It wasn't until 1948 that the hospital really became fire-conscious, for that was the year when rigid fire inspections took place throughout the country. During that year an open staircase leading to the Sisters' Room was removed. This staircase would have been a fire trap on the night of the big fire as it was in the direct path of the blaze. Two months previous to the fire, two other open staircases were closed off and enclosed on the recommendation of fire inspectors and underwriters.

The hospital's program of fire prevention was based on information compiled from various organizations throughout the country. Special credit has been given by Mr. Joseph Lane, the hospital's Safety and Personnel Director, to the following pamphlets: the operating procedures set up by the Omaha fire department in cooperation with the local hospital; the "Standard Operating Proce-

NLN SPEAKERS

Growth of maternal and child health nursing conference into Interdivisional Council marked this group's afternoon program session on first day of convention. Memorable highpoint of meeting was talk by Dr. Gerald Caplan, lecturer at Harvard School of Public Health, on "The Mental Hygiene Role of the Nurse in Maternal and Child Care." Dr. Caplan stressed need of pregnant woman for extra love and attention, and asserted that the nurse in the role of a "wise sister" can act "as the bridge and mediator between the patient and the specialists" . . . Another top-notch convention speaker was Dr. Bernard H. Hall, staff psychiatrist of the Menninger Foundation, who spoke of nursing's responsibility in meeting staggering deficit of psychiatric nursing personnel. Advocating an internship in psychiatric nursing, Dr. Hall said that up to now national nursing organizations had been timid about assuming any responsibility for care of mentally ill; therefore, it was especially heartening for psychiatrists to hear that NLN was pledged to promote psychiatric nursing by encouraging preparation in basic program . . . Recruitment was urgent theme of Army, Navy, and Air Nurse Corps leaders addressing conventioneers. Captain Winnie Gibson, director of Navy Nurse Corps, stated that every young nurse should have a tour of military service.

dure" of the Good Samaritan Hospital in Watertown, N.Y.; and "Hospital Fire Safety" published by the National Fire Protection Association (1949). "Fire" by Northwestern Hospital in Minneapolis and, of course, the insurance company's "Improved Risk Mutuals" policy information, were also helpful.

Many questions arose in the minds of those in the safety department such as, how could the fire alarm code be transmitted to various nonnursing departments until such time as the public address system had been extended to cover these areas? What would be the best method of publishing the safety rules—in booklet form or by placing a set of framed instructions on the walls—and where would be the best place? One of the most perplexing questions was: What could be done if the electrical lines should be put out of commission while surgery was in progress and the Scanland-Morris unit should fail? All these questions needed a concrete answer, so it was decided that a study would be made of the problems and that all rules would be posted in addition to being distributed individually.

This is how the rules would be translated into action. Let's pretend you have just finished your work for the day, and as you go off duty you notice a fire glowing on the roof. You would immediately notify the operator, telling her the exact location of the fire and what is burning. Under *no* circumstances would you scream "Fire." This would only alarm the patients, and it is your duty to reassure the patients to avoid panic. Remember, fear, and panic do more damage and may be more dangerous than fire and smoke.

If there are any patients in the immediate danger area, you would remove them at once from the fire and smoke, closing windows and doors in the area. You should fight the fire with fire extinguishers and use wet blankets if it becomes necessary. If the hospital fire brigade doesn't arrive immediately play the fire hose yourself.

When a fire breaks out in another department, and you hear the alarm, your orders are to have one person stationed by the telephone to transmit instructions. Do not remove the patients until you are told to do so.

All supervisors in the various departments are responsible for seeing that all procedures are understood and carried out by their staff, including special duty nurses. It is their duty to see that all doors are closed and wet blankets placed under doors to keep smoke out. They should have a list of patients placed nearby so that all patients can quickly be accounted for. Someone must be assigned to keep a fire and smoke barrier between the unsafe and safe area.

At all times, it is extremely important to remember that stairway doors should be closed. All possible exits should be checked immediately to be sure they are safe and free for use. Elevators should never be used if the fire is near the shaft.

If there are visitors present, they should [*Continued on page* 76]

Announcing a scientifically significant development in cigarette smoking...

KENT

with the exclusive "MICRONITE" FILTER

DOCTORS have long been aware of the need for a really effective filter-tipped cigarette. P. Lorillard Company has been conscious of this problem, and after years of study, experiment and research believes it has developed a cigarette that meets the need.

It is the new KENT cigarette with the "Micronite"* Filter. Recent tests have shown that the Micronite Filter *approaches 7 times the efficiency of other filters in the removal of tars and nicotine* and is virtually twice as effective as the next most efficient cigarette.

All members of the medical profession will be interested in the facts about this new cigarette. To avoid possible confusion or misunderstanding, the details of the KENT studies given on these pages are for the medical profession only, and will not appear in KENT advertising or promotion to the general public.

Micronite as a cigarette filter . . .

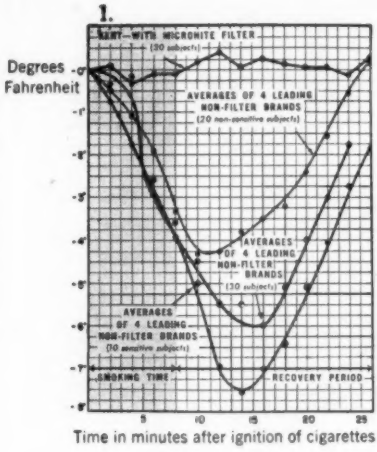
The new filter material—called Micronite—stems directly from the improved protective filter developed to meet critical air-purification problems in atomic energy plants.

When investigations showed that this filter medium was capable of removing all of the minute particles from a stream of cigarette smoke, the filter was modified for use in KENT cigarettes. *This was done in such a way as to permit the passage of pleasant aromatic smoke constituents, but with a removal of the more objectionable fractions of tobacco smoke to an extent never before accomplished.*

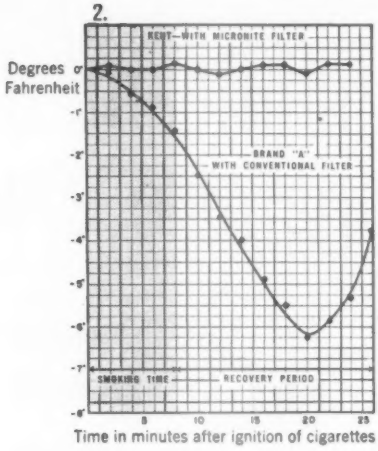
Efficacy of the Micronite Filter

The normal human subjects used in testing the Micronite Filter were divided into two categories—*susceptible and non-susceptible*—on the basis of their sub-

*PATENT APPLIED FOR



1. Comparison of KENT with leading non-filter brands. Effects on Peripheral Vascular System. Drop in surface skin temperature at the last phalanx induced by smoking one cigarette.



2. Comparison of KENT with Brand "A" conventional filter tip. Effects on Peripheral Vascular System. Drop in surface skin temperature at last phalanx induced by smoking one cigarette. Average for 15 susceptible subjects.

jective reactions to cigarette smoking. Approximately two-thirds of the subjects *in this investigation* were *non-susceptible* while the remaining third were definitely *susceptible*. Other investigations have reported a somewhat similar ratio. (a)

To study the effects of this filter on physiological reactions to cigarette smoke, in both *susceptible and non-susceptible persons*, two different tests were employed, both being measurements of peripheral blood flow.

The first test involves the drop in skin temperature occurring at the finger tip, induced by smoking and measured according to *well-established procedures*. (b, c)

The second test is a measurement of vasoconstriction in the hand, as recorded plethysmographically. (d)

The results of these measurements—determined for Lorillard by an independent research organization—are shown on the four charts reproduced here. Concurrently, other outside independent laboratories are carrying on further research on the chemical and physiological effects of cigarette smoking *with new and original testing methods*.

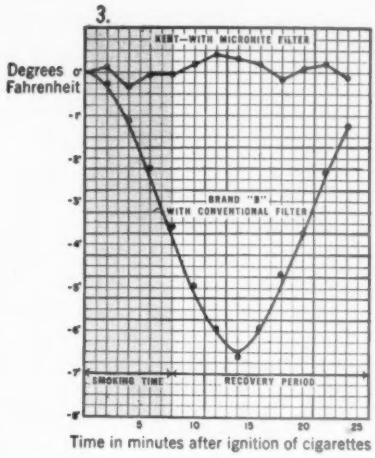
From these charts, the following general conclusions may be drawn:

When cigarette smoke is drawn through a Micronite Filter, it is no longer capable of producing characteristic changes in peripheral blood flow in either susceptible or non-susceptible persons.

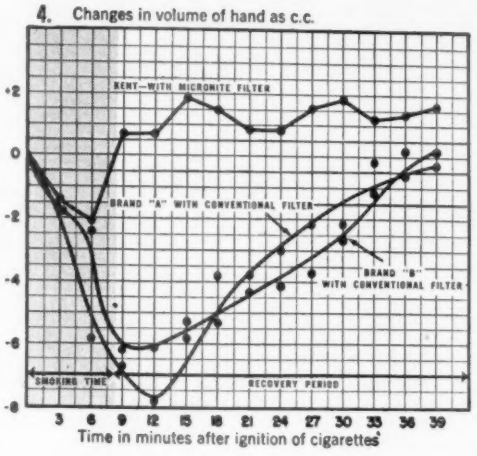
The Micronite Filter is vastly superior to any other available filter now in use for removing tars and nicotine in cigarette smoke.

Here are additional observations from work now in progress:

1. When smoke which has passed through a Micronite Filter contacts the conjunctival sac of the rabbit, far less irritation occurs than when the sac is exposed to the smoke from regular cig-



3. Comparison of KENT with Brand "B" conventional filter tip. Effects on Peripheral Vascular System. Drop in surface skin temperature at the last phalanx induced by smoking one cigarette. Average for 15 susceptible subjects.



4. Comparison of KENT with Brand "A" and Brand "B" conventional filter tip. Peripheral vasoconstriction induced by smoking one cigarette. Peripheral blood flow as measured by continuous plethysmography on the hand. Average for 4 susceptible and 8 non-susceptible subjects.

arettes or the smoke from popular filter-tipped brands.

2. Current studies also indicate that Micronite-filtered smoke is less irritating to mucous membranes than unfiltered smoke.

When the scientific evidence of the effectiveness of the Micronite Filter is compared *with* the effectiveness of other filters, *it shows that*—

The problem of smoker susceptibility to tobacco irritants may be largely overcome by KENTs. And for those people whose smoking should be restricted for therapeutic reasons, KENT should be considered as the cigarette of choice.

References Cited

a. *A Manual of Pharmacology*, 7th edition, Philadelphia, W. B. Saunders Co., 1949, pp. 341-352.

b. *J.A.M.A.*, Vol. 103, 1934, p. 318.

c. *J.A.M.A.*, Vol. 135, 1947, p. 417.

d. *J.A.M.A.*, Vol. 104, 1935, p. 1963.

[*Continued from page* 31]

introduced at Brooke General in the fall . . . Brazil has an average of one nurse for every 21,000 persons . . . The first issue of the official *Journal of the American Geriatrics Society* appeared in January. The *Journal* will be issued at monthly intervals . . . Negro nurses may now be admitted to membership in the Texas Graduate Nurses Association following action taken in April at TGNA's 1953 Annual Convention . . . The maximum allowable interest rate on GI loans guaranteed by the VA has been raised from 4 per cent to 4½ per cent . . . The 45th anniversary of the establishment of the Navy Nurse Corps was celebrated in May . . . All reserve officers recalled to active duty for more than 90 days since June 27, 1950 are eligible to receive an extra $100 as a uniform allowance.

▶ BASKETBALL has long been popular with Philadelphia nurses. The Philadelphia Student Nurse Basketball League, organized in 1928, is probably the oldest league of its kind in the U.S. The idea for the league originated with Ella H. Tomlinson, then a graduate nurse doing social service. Bryn Mawr Hospital is the 1953 recipient of the Helen Fairchild American Legion Post 412 Championship Cup, awarded each year to the team winning the league championship. Hospitals represented in the league are: Section A—Bryn Mawr, Lankenau, Jefferson, Hahnemann, University of Pennsylvania, Women's Medical Center, Pennsylvania Hospital, and St. Agnes; Section B—Philadelphia General, Temple University, Cooper (Camden), Presbyterian, Abington, Einstein Medical Center North and South.

▶ INSURANCE ITEMS: Blue Cross and Blue Shield programs are prepared to expand and improve to meet subscribers' needs, stated Frank Van Dyk of the Associated Hospital Service of New York at a recent insurance parley. According to Mr. Van Dyk, the most successful Blue Cross plans are those which have maintained and improved service benefits even though rates have been increased. This proves, he says, that the public is willing to pay for a "full measure of protection." He also revealed that 34 Blue Cross plans are offering more comprehensive contracts than under their standard certificates. Another conference speaker suggested that rising costs of hospitalization might have to be met by deductible and co-insurance provisions . . . Group Insurance, Inc., New York's oldest nonprofit health insurance plan, has announced extension of services covering general medical care in home or office, anesthesia, x-ray and laboratory examinations, and extra maternity benefits . . . In Wisconsin, the State Medical Society is in the process of developing a comprehensive, catastrophic insurance policy that would provide protection up to $3,000 or $5,000 per person; [*Continued on page* 67]

IN ATHLETE'S FOOT

cure* the case....
but spare the skin

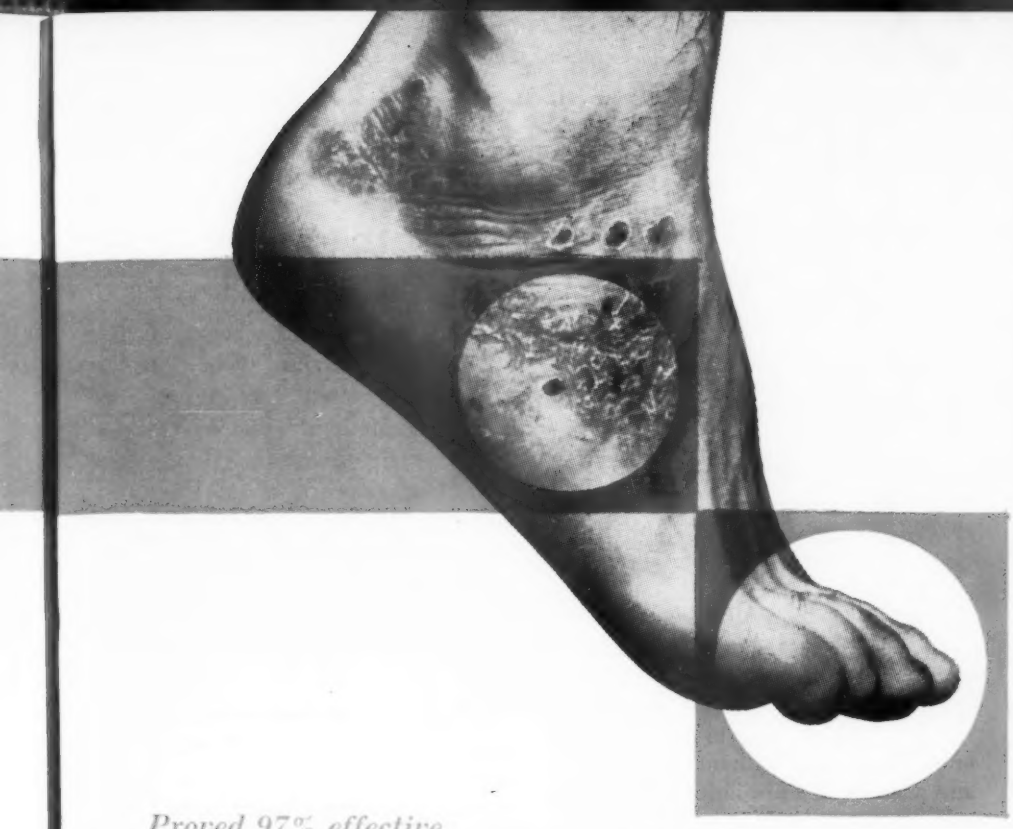
OCTOFEN®
does both!

One reason OCTOFEN Liquid is so widely accepted by professional and patient alike is because it is non-caustic, non-irritating and greaseless. It is highly potent, yet low in concentration. Therefore, OCTOFEN minimizes the risk of overtreatment dermatitis. Furthermore, OCTOFEN is fully fungicidal, despite the presence of blood, exudate and debris.

Fungistat vs. Fungicide

A fungistat may clear athlete's foot momentarily, but a *cure* requires a *fungicide*. No mere fungistat, OCTOFEN is a true potent fungicide; hence it does not leave fungi in a dormant state, but *attacks them to the finish.*

* Oster and Golden, reporting in Experimental Medicine and Surgery, 7:37, 1949, found that with OCTOFEN, a high percentage of ... mild cases cured in one to two weeks' treatment ... moderate infections cured in two to four weeks ... severe, long standing chronic cases cured within three months ...



Proved 97% effective

Stringent in vitro tests have proved that potent OCTOFEN kills Trichophyton mentagrophytes on 2-minute contact. The formula, 2.5% 8-hydroxyquinoline in 43% ethyl alcohol was found effective in 97% of cases treated. Clinical details on request.

2-way attack helps avoid reinfection

Following liquid application, double the benefit of your treatment with OCTOFEN Powder, also containing potent 8-hydroxyquinoline. Helps keep feet extra-dry because it has silica gel for superior moisture absorbency. (Damp feet invite reinfection!) Non-gritty, non-caking powder with long antifungal activity. Combats foot odor as it cools, soothes and relieves irritated, tender feet.

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Address .....

City Zone State

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Write An Article

[*Continued from page* 35]

the magazine. You will want to slant your article in keeping with the general tenor of the publication for which you are writing.

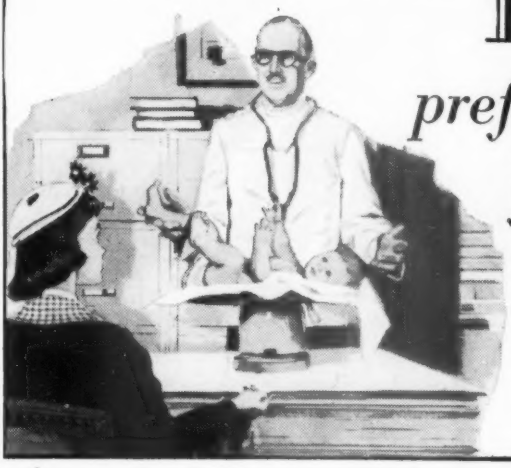
Ask yourself, and answer, as you study the magazine: Whom is this magazine aimed at?—What age group? Profession? People of what educational standard? What is the particular concern of this publication—to amuse? to educate? to do both simultaneously? to persuade the reader to a particular viewpoint? to give moral or spiritual uplift?

When you have determined these basic points, you are ready to find out how the magazine does what it is trying to do. Some of the pertinent signs here are: content, length, style. Are the articles formal and authoritative? Or, are they personal and informal? Are statistics and other data stated baldly or woven into the story like hidden threads of a tapestry? Is there a strong human interest angle? These are just a few of the things you can look for. You will note many others. Close study of your potential market will indicate how you should write your article. What's more, it should increase your prospects for having it published.

You have your article idea, your material assembled, a cue from an editor, and a good idea of what the editor wants in the way of an article. It's a good foundation for building with the typewriter. Now go ahead—and good-luck!

WHY MORE AND MORE

Pediatricians prefer Mennen for babies these days

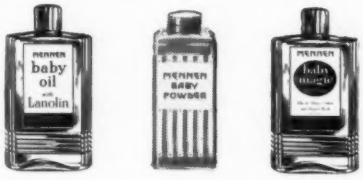


AS AN INFANTS' NURSE, you have probably noticed pediatricians increasingly favor Mennen baby products. Here are some of the reasons why:

Mennen Baby Powder, in laboratory tests, *proved finer, and smoother* than ordinary powders. That's because it is made of the finest imported Italian talc . . . and because it's *the flake type*, not the bead type! Mennen is "hammerized" superfine, then borated for extra purity. Its difference in texture means *more protection* for babies' skins. The price, 25¢ and 49¢, tax free.

Mennen Baby Oil is pure oil and bland lanolin, delicately scented . . . and doctors regard this "naturalness" of formula with approval. Mennen is never greasy, so it never stains. For soothing and protecting babies' skins, you really couldn't recommend a finer product! Priced at 49¢ and 98¢, tax free.

Mennen Baby Magic Skin Care is getting amazing enthusiasm from doctors! Clinical tests *prove it checks diaper rash*. And Baby Magic checks diaper odor, too. It works wonders against urine scald, chafing, chapping, cradle cap, and prickly heat. And it's so pleasant to use! A delightfully fragrant, liquefied cream . . . non-greasy, non-messy, rapidly absorbed. You'll like it. In unbreakable squeeze bottle, 59¢. Giant economy size, only 98¢. Both tax free.



Mennen is better for You, because it's better for baby!

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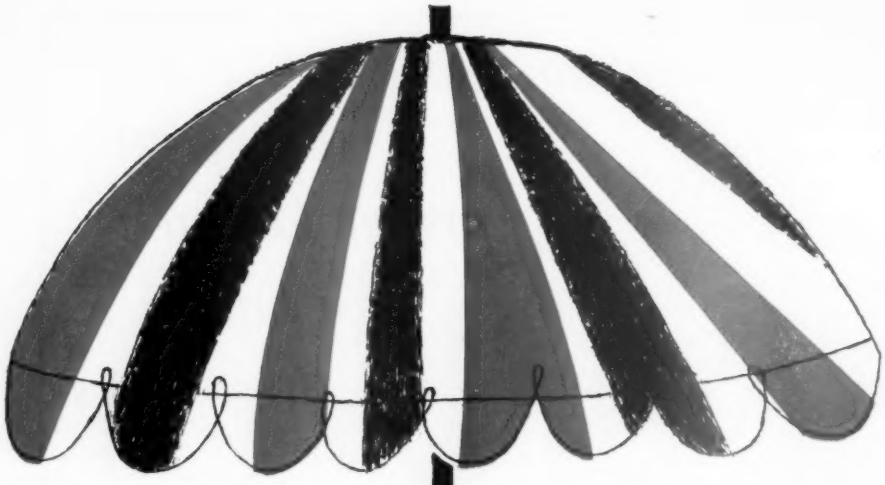

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Bactine **makes summer a lot more comfortable. It relieves the distress and itching of sunburn, prickly heat, chafing, poison ivy, insect bites and athlete's foot. Patients like soothing, cooling backrubs with *Bactine* in hot weather, too.**

Safer for small patients' comfort

Because *Bactine* contains no mercury, phenol or iodine and is gentle to skin, you'll find it a safer antiseptic, fungicide or deodorizer to use around children.

Bactine: Available in 1-gallon, 1-pint and 6 ounce bottles from your regular supplier.

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Polio

[*Continued from page 47*]

one person helps support the patient on his side, the other slides the bedpan against the patient's buttocks and puts pillows against his back and shoulders. The patient is then rolled back on the pan and pillows; additional pillows are used to support his legs.

Like all patients, polio patients need to have their positions changed frequently. However, one person alone should not attempt to turn a heavy patient or one whose muscles are in spasm for it is important that these patients be moved as a whole rather than twisted into position, section by section. Maneuvers such as changing the patient's bedside table from one side of the bed to the other, or moving his bed to different locations in the ward so that he does not need to lie always on the same side in order to look out of the window or talk to his neighbor, are helpful in overcoming reluctance toward turning.

Packs

Moist heat in the form of hot packs or hot baths may be ordered by the physician for the relief of pain and muscle spasm. The heat apparently achieves this effect through its action as a circulatory stimulant in facilitating the removal of certain waste products which may have accumulated.

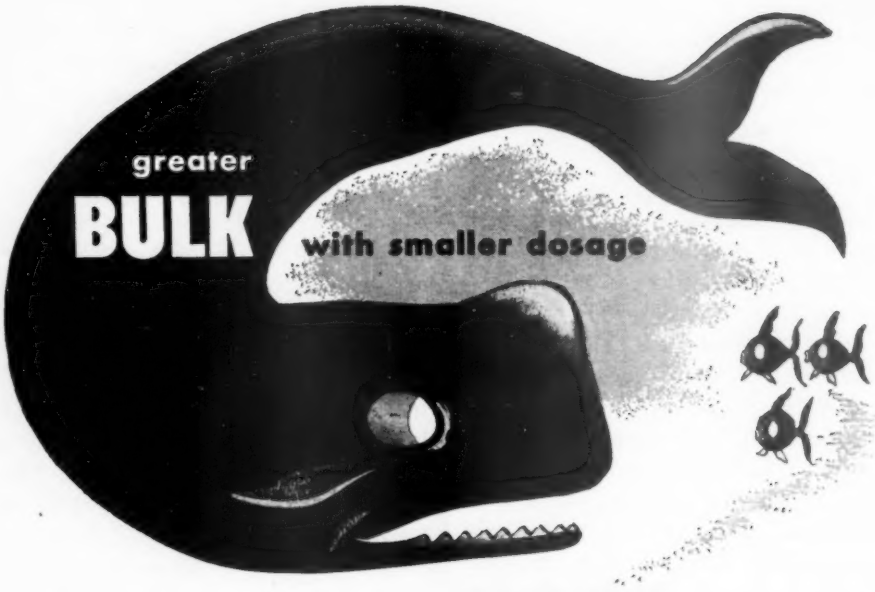
There are two types of hot packs—the lay-on or prone packs, and the pin-on or wrap-around packs. Prone packs are large oblong packs applied to the back and legs; wrap-around packs are tailored to fit each individual patient and are ordered in cases where tightness in a specific area seems to require additional heat.

Both types of packs consist of an inner layer of 60 to 100 per cent wool which retains and provides for an even distribution of heat—Munsingwear or old woolen blankets may be used for this purpose; a waterproofing layer of some plastic material; and an outer layer which may be made from almost any material which happens to be on hand. The two outer layers are usually stitched together.

Three sizes of prone packs are generally kept in supply—small, medium, and large. To determine which size packs a patient requires, measure the width of the shoulders; the distance from the cervical spine to the gluteal fold; the distance from the gluteal fold to the soles of the feet; and the width of the legs at the widest part—this is for inner packs. The size of the outer packs is obtained by measuring from the hairline to the soles of the feet.

Hot pack machines are used to heat the inner packs. It will save a great deal of trouble and exasperation if care is always taken to make sure that the first pack to be used is uppermost when all the packs are in the machine. Both the machine and the packs will last longer if the machines are cleaned at least once daily so that scum does not gather.

Packs are applied as hot as can be tolerated by the patient. Individual



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For greater effectiveness Mucilose Compound Tablets combine tried and proved Mucilose (purified hemicellulose from psyllium seed) with the widely accepted synthetic colloid, methylcellulose (75 per cent). This combination assures a maximum amount of bulk... the formation of a smooth, lubricating, water-retaining mass to induce normal peristalsis and elimination of soft, demulcent stools.

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for "physiologic elimination"

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MUCILOSE COMPOUND TABLETS — bottles of 100 and 1000.

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MUCILOSE FLAKES CONCENTRATED — tins of 4 oz. and 1 lb.
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reactions to heat differ, however, and the nurse must be on the alert for a rise in pulse rate, flushing, or signs of exhaustion. They can be put on most efficiently when nurse-aide teams are used. The aide takes the packs from the machine and lifts the extremities while the nurse applies them. They are first laid over the shoulders, then they are smoothed down over the back and tucked in at the sides. The legs are packed last. Outer pack coverings are always put on immediately after the inner packs are in place so that the heat will be retained. When the packs have been removed, the skin is patted, rather than rubbed, dry. The use of talcum powder is inadvisable because of its tendency to cake. Between treatments, packs are rinsed, aired, and dried; inner packs are washed with soap and water and hung out to dry once each week.

The decision as to how many times packs should be applied in the course of a day is based upon the extent and severity of pain and muscle tightness. However, research has shown that the muscle temperature reaches its maximum height after 20 minutes of heat. The temperature does not return to its normal level until the end of the third hour following the application of the packs. For this reason, it would seem that packing periods should be scheduled no more frequently than once every four hours if the best packing benefits are to be realized. As a rule, packs are given three times daily and p.r.n. at night.

Hot baths may sometimes be ordered as a source of moist heat. If baths are ordered it is well to prepare the patient beforehand by telling him what he is about to experience. Children have been badly frightened by the tales told them by their peers regarding the purely fictional horrors awaiting them when they go in the "tubs." Water is allowed to run into the tub and the temperature is gradually increased to the tolerance of the patient. Redheads are particularly susceptible to heat, and are usually unable to endure temperatures comparable to those endured by other patients; 12 or 15 minute baths usually suffice for redheads, although other patients may remain in the tub for as long as 20 minutes. It has been found that apprehension on the part of the patient is somewhat lessened if the nurse keeps her hand under the water as it flows from the faucet in order to deaden the sound. Needless to say, patients are never left in the tub unattended. Oral pallor, extreme flushing, change in pulse rate, or faintness are signs which indicate that the patient is approaching the limits of his tolerance.

As the patient progresses from hot packs, to tub, to increased activity involving, perhaps, a wheelchair, crutches, or a brace, the nurse can feel that she has truly contributed to his recovery. A challenge to those who really like to nurse, polio nursing provides each nurse with an opportunity to make the most of the knowledge and skill at her command. The demands are many but the rewards are great.

In your guiding hand

As a nurse . . . you will be called on many times for helpful advice and guidance in matters pertaining to health. Or you yourself may be faced with the task of giving emergency treatment for sunburn, or scalds and burns.

Remember—Arm & Hammer and Cow Brand Bicarbonate of Soda (Baking Soda) are helpful remedies that can be found in almost every home. Bicarbonate of Soda gives soothing relief for burns, insect bites, acid indigestion, ivy poisoning and sunburn.

Use Bicarbonate of Soda (Baking Soda) in your daily oral hygiene program. As a toothpowder, it restores teeth to their natural brightness without harm to enamel. Use it as a gargle or mouthwash, it removes debris and eliminates bad breath originating in the mouth.

Arm & Hammer and Cow Brand Bicarbonate of Soda (Baking Soda) are U.S.P. remedies, and are recognized as such by the Council on Pharmacy & Chemistry of the American Medical Association.

• • •

FREE BOOKLET: May we send you a free booklet, "Usefulness of Soda," which will explain the many uses of Bicarbonate of Soda.

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BUSINESS ESTABLISHED IN 1846

[*Continued from page* 57]

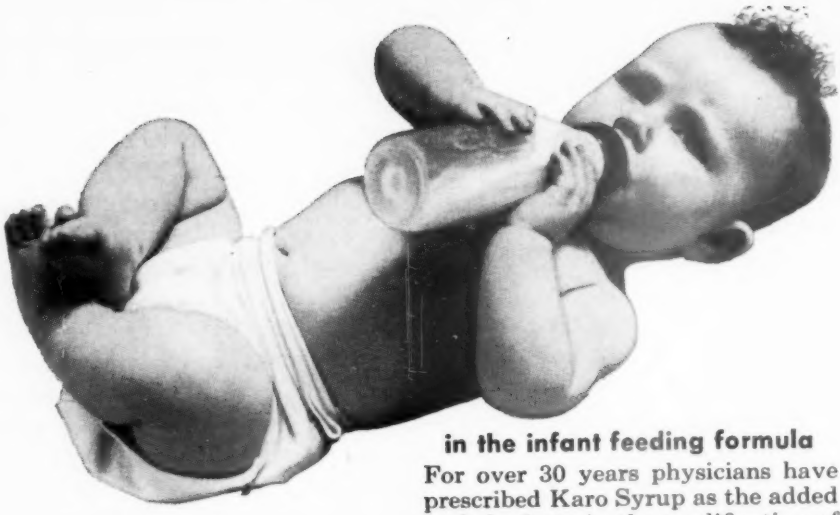
it is expected that the program will be presented as a joint Blue Shield-Blue Cross feature, and that cancer, heart disease, and other chronic illnesses, and severe accidents would be included in the proposed insurance coverage.

ABOUT PEOPLE: Cleveland Clinic Hospital has announced appointment of *Mabel F. Selfe* as director of nursing . . . The newly elected chairman of the Advisory Committee to the Division of Nursing Education of the Newark College of Arts and Sciences of Rutgers University is *Laura Robinson,* past president of the New Jersey State League of Nursing Education . . . *Dr. Howard A. Rusk* has been appointed a member of the committee on research for the prevention and treatment of after-effects of poliomyelitis, one of the Advisory Committees of the National Foundation for Infantile Paralysis.

▶A STATEWIDE SURVEY to determine the number of nurses currently employed and the number required to meet current and future needs is now underway in Michigan. An appraisal will also be made of the extent to which the present system of nursing education is meeting state needs. The survey is conducted by the newly organized Michigan Appraisal Committee on Nursing Problems and Resources, sponsored by the Michigan League for Nursing, the Michigan State Nurses Association, and the Michigan Board of Nursing. A representative of the USPHS, Faye G. Abdellah, will serve as a consultant. The cost of the study has been underwritten by a grant from the Cunningham Drug Company Foundation.

▶A NEW APPROACH in the treatment of persons with emotional problems resulting from physical disabilities is the aim of the Psychological Services and Rehabilitation Group, an organization formed by 11 physicians, psychologists and psychiatrists. Patients are to be "consulted with on their rehabilitation programs" instead of "just being given a program" to follow, said spokesman, Dr. Benjamin B. Fielding.

▶FILMS: "Technique of Venipuncture," a color film strip made in cooperation with the ARC by the Becton Dickinson Foundation, shows the steps of the venipuncture procedure practiced in the Red Cross Blood Program. The film may be borrowed upon request to the Director of the Blood Program, American Red Cross National Headquarters, Washington, D.C. . . A new color 16 mm. sound film on the prevention and control of rabies has been produced by the Lederle Laboratories Division, American Cyanamid Company. Entitled "Rabies Can Be Controlled," the film is available free of charge to community groups and schools. Requests should be sent to Film Library, Lederle Laboratories, 30 Rockefeller Plaza, New York 20, N. Y.



in the infant feeding formula

For over 30 years physicians have prescribed Karo Syrup as the added carbohydrate in the modification of cow's milk for proper caloric balance.

Karo SYRUP... ideal, daily energy food right through life!

in family menus, some way, every day

Youngsters and active people of all ages enjoy Karo every day... and thrive on its quick food energy. As a table syrup or used in cooking Karo is a highly versatile sweetener.

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Medical Division

CORN PRODUCTS REFINING CO.

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Heart of a Hospital

[*Continued from page* 37]

are an extremely heterogeneous group including residents of Chinatown, indigents from the Bowery, Fulton Market fishermen, and the office workers and executives of the financial area. Representatives of these varied groups may be seen in the hospital mural.

Miss Davies' secretary remarked that it was often difficult to discharge patients from Beekman because they hated to leave the hospital's homey atmosphere. And as I went from department to department, I could see that they would probably come up against this problem more often in the new building because of its cheerful interior decoration, its solarium, recreation rooms, and TV sets.

All of the rooms and wards showed that many months of work had gone into the planning, and that practical details had not been sacrificed for looks. It was clear, too, that Miss Davies' nursing experience had had a great deal to do with the inclusion of certain features such as light aluminum chairs, door switches which control lights over the patients' beds, bathtubs on platforms, safety bars and call bells by the toilets and tubs in all of the bathrooms, and special plates which keep food hot for an hour or more. One of the most considerate touches is the use of wallpaper on the wall in back of the patient's bed instead of on the wall facing it. Miss Davies, who feels rather strongly on this point, told me: "We don't want our patients forced to count roses, diamonds, circles, or anything else while they lie in bed."

Among the administrator's favorite floors, if she can be said to have any favorites, is the seventh where the charge nurses and supervisors have suites with private baths, and the staff nurses have single rooms tastefully decorated in bright colors. After showing me one of the several rooms that had no occupants, Miss Davies said longingly, "If I could only discover some ethical way of luring some nurses down here, I'm sure they'd stay." At present, the hospital, which has had to enlarge its staff to meet the new building's needs, is short of nurses and cannot open its pediatric ward and some of its private rooms until more R.N.'s can be obtained—or in Miss Davies' words, "lured downtown." The institution does not have a school of nursing.

After a quick inspection of the gleaming lab, the outpatient department, the staff library and the O.R. rooms that are furnished with special floors to guard against anesthetic explosions, we traveled to the kitchen. And here, Miss Davies, who throughout the trip had had a warm greeting for both patients and personnel, stopped for a more prolonged chat with a small niece and nephew of one of the kitchen's employes who had obviously worked at Beekman for several years.

There seem to be many employes who have grown up within the walls of the hospital. Even the newsman, whom we stopped for the special

Coronation issue of *Life,* must have been around the hospital for a long time, for it was he, Miss Davies reported in an aside, who, on the day of the mural dedication, had sent her an orchid "with best wishes from her newsboy and newsman."

At the coffee shop, which boasted a shiny soda fountain, "something we never had at the old Beekman," the three of us had refreshing Cokes before parting. And Miss Davies, who seemed as fresh as when she started the trip, discussed with her secretary the shortest time in which the "grand tour" could be made. Both finally admitted that even though it could be done in 15 or 20 minutes, you missed a lot by rushing through and you really ought to take your time. I thoroughly agreed.

We said our good-byes in the spacious lobby where the bright mural in the midst of the subdued furnishings acts as a focal point for the room. As we stopped in front of the picture, Miss Davies leaned forward intently and in an odd tone of voice, as if she were addressing the artist, said: "I believe there *is* a likeness there." But then she shook her head, almost as if she still could not believe that the starched, efficient nurse in the center of the picture was herself.

SUNBURNT?

The first sun-tan preparations were developed in World War I to protect the wing fabrics of fighter planes from the penetrating ultra-violet rays of the sun.

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Only Carnation can point to 43 years of scientific cattle breeding on the famous Carnation Farms you see above. Holsteins from prize-winning bloodlines developed here are constantly improving the herds that supply Carnation processing plants throughout America... assuring you the fine quality milk you have come to expect in the familiar red and white can.

LEADING SIRE OF ALL TIME

35 daughters are each producing over 1,000 pounds of butterfat yearly. (Average U.S. cow produces only 211 lbs.)

THE MILK EVERY DOCTOR KNOWS

Beware the Brucella

[*Continued from page* 39]

rarely occurs, however. Subacute bacterial endocarditis, orchitis, cholecystitis, and hepatic manifestations are also associated with the disease. But miscarriages or abortions in pregnancy are no more likely to result from brucellosis in women than from various other serious bacterial infections.

Acute brucellosis may run its course in two or three weeks or it may become chronic. Chronic brucellosis may also appear as the beginning phase of the disease, in which case, the onset is similar to that of other subacute infections. It is in the chronic phase of brucellosis that long periods of remittent fever alternating with afebrile periods—the classic undulating fever—are frequently observed.

It is very difficult to determine whether certain patients are suffering from chronic brucellosis or from underlying neurotic symptoms or neurologic disorders brought to the foreground through the impact of acute brucellosis upon the central nervous system. In other words, physicians are often in a quandary as to whether certain symptoms are the residuals of a previous infection or whether they are due to a continued infection which is still active but subacute.

In order to diagnose brucellosis with any degree of precision, there must be a history of exposure to the disease; objective evidence of illness as differentiated from vague subjective complaints; and the presence of brucella agglutinins in the blood, especially in a titer of at least 1:100. The isolation of brucella from the tissues or body fluids is conclusive evidence of brucellosis. However, even though the disease is present, positive cultures are not easily obtained, especially in chronic brucellosis. Another diagnostic measure, the intradermal skin test, is of relatively little value. Although a positive skin test indicates that there has been a previous invasion of the tissues by brucella, it does not necessarily mean that active disease now exists.

Reassurance and rest are the cardinal needs of all patients suffering from brucellosis. A fall in temperature and permanent recovery may follow a period of adequate rest, both physical and mental. Too often patients are led to believe that they are suffering from an illness for which there is no satisfactory treatment and that they may as well resign themselves to a lifetime of semi-invalidism. In those cases where mental depression and emotional instability are marked, careful psychotherapy by a qualified person may be called for.

Fortunately, there are also more specific methods for fighting brucellosis. Although it is extremely difficult to rout out the brucella which have burrowed into the cells, there are certain agents which are at least partially effective. Among the treatments in vogue at the present time are the antibiotics and various types of brucella antigen therapy. Few

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FOR YOU...a complimentary pair of white shoe laces and the new Clinic catalogue. Send name and address to:

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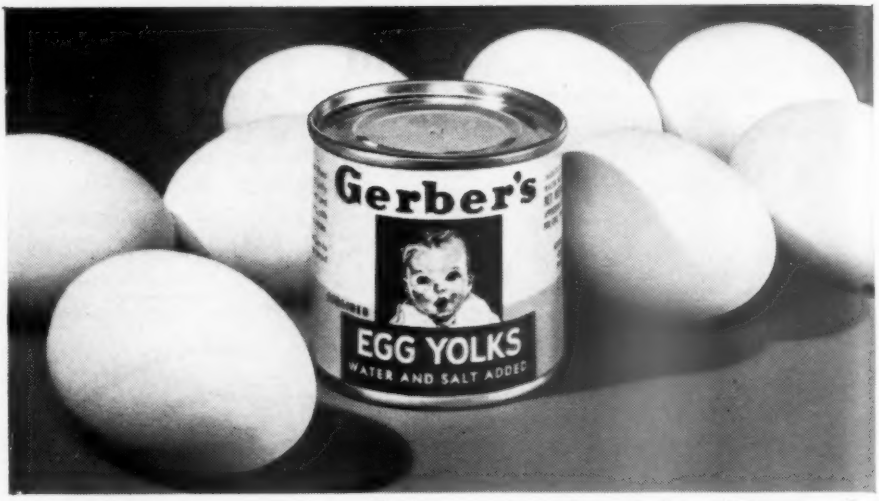

Each can contains the equivalent of 3¼ egg yolks.

for babies . . . a NEW egg yolk of creamy consistency

● Processing includes pressure-cooking at 240° F. for 45 minutes so that Gerber's Strained Egg Yolks are completely safe so far as pathogenic bacteria are concerned. Yet they still retain their high nutritional values. Laboratory tested for purity.

● Custard-like texture and good fresh-egg flavor make Gerber's Strained Egg Yolks especially appealing to babies.

● Well-tolerated by practically all babies . . . since the fat is in a finely emulsified, easily digestible form.

● Easy and accurate for any kind of feeding: Gerber's Egg Yolks can be fed "as is," from a spoon. May be added to milk or formula in nursing bottles . . . or can be mixed with other solid foods.

● As with other baby foods, Gerber's Egg Yolks when covered will keep safely in the home refrigerator for the two or three days required to use the entire can.

● Each container equals 3¼ egg yolks. 2 level tablespoonfuls are the equivalent of one regular egg yolk, supplying the following amounts of the National Research Council's Recommended Daily Dietary Allowances for Infants:

Vitamin A	37%
Iron	20%
Thiamine	12%
Protein	10%
Riboflavin	10%

(for 8 kilogram babies)

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Gerber's BABY FOODS

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definite statements can be made about brucella antigen therapy because authorities are not in complete accord regarding its value, however a number of them recommend its use when other types of therapy are unavailing. The antibiotics, dihydrostreptomycin, chloramphenicol, and aureomycin are described in **R.N.** February, 1950. For a discussion of sulfadiazine, Terramycin, and two different types of brucella antigens, see *Drug Digest,* page 40.

Erythromycin, one of the newest of the antibiotics, has demonstrated its effectiveness against the brucella *in vitro* but evidence as to its efficacy in the living patient is not, as yet, recorded. Since fever and joint pain —symptoms similar to those of rheumatic disease—are found in brucellosis, doctors have suggested that cortisone may be of therapeutic value, and studies are now underway using Terramycin, streptomycin, and cortisone as a team to combat this persistent disease.

Although therapeutic measures now appear promising, prophylaxis is still of primary importance in the battle against brucellosis. Authorities emphasize that the only logical method for preventing the transmission of milk-borne brucellosis to man is to pasteurize all milk and milk products. However, since unpasteurized milk is still available, especially in rural areas, the alert vacationer will find it to his or her advantage to be on guard against the inadvertent consumption of raw milk or of raw milk products.

THE NEW CONCEPT

"Nursing now may be described as one of the services for the care of the sick, for the prevention of illness and for the promotion of health. Nursing is designed to provide physical and emotional care for the patient; to care for his immediate environment; to carry out treatment prescribed by the physician; to teach the patient and his family the nursing care which they may have to perform; to give general health instruction; to teach and supervise auxiliary aides, either volunteers or paid workers, and to coordinate the services of other workers contributing to patient and family care."

"By and large nursing education in the pattern of hospital schools of nursing has prepared nurses 'to do for the patient.' It has not prepared nurses for the broader scope of patient care which now includes the teaching aspect, nor has it prepared nurses to supervise auxiliary aides on the job. The best utilization of lesser prepared personnel depends upon the ability and understanding of the professional nurse to direct the team."

—from speech by Marion W. Sheahan, associate director, National League for Nursing, delivered at NLN convention, June 24.

Dr. Red

[*Continued from page* 52]

be requested to please leave the building at once unless they are members of the family who insist on staying, and you feel they might be of assistance in moving the patient or helping in some way.

When and if it becomes necessary to inform the patients of the fire—it is your duty to do so in a calm manner, reassuring the patients that the alarm has been turned in and everything is under control.

All doors and windows must be closed, and if it is at night—lower the shades and turn on the lights.

It is up to the fire chief to order the removal of the patients. The proper procedure for removing patients after official orders is: First, take care of the patients in the danger area, then put helpless patients on stretchers. If there is a shortage of stretchers, use rolled blankets and have two or more people carry the patient to safety. If there is nothing else, just put a mattress on the floor and drag it along the floor. Patients who are able to sit in a wheelchair should be covered with a blanket and moved. Ambulatory patients with blankets around their shoulders should be escorted or directed to safety. All emergency equipment, oxygen tents and tanks, respiratory equipment, etc. should accompany the patients if you find that it is at all possible.

Outstanding facts that you should remember are:

All normal elevator traffic will be suspended. Elevators still permitted to run must be reserved for the helpless patients, also for surgery and OB patients. This is only in case there has been an order for complete evacuation of the building.

Evacuation of patients is a serious undertaking, therefore, if fire prevention has failed, as it sometimes does even under the most careful conditions, it is wise to remember that you should NEVER THINK IN TERMS OF COMPLETE EVACUATION EXCEPT AS A LAST RESORT. The primary objective is to move the patient from an unsafe area to one which is safe on the same floor


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No other white shoe cleaner has it . . . the extra whitening power you get in Griffin Allwite. One application transforms your shoes with a brighter, clearer white that hides blemishes and worn spots better than any other cleaner. Best of all Griffin Allwite is safe. Absolutely neutral, it won't harm leather or fabric, streak, discolor or give an artificial painted look. That's why nurses everywhere prefer Allwite.
The cleaner that makes your white shoes whiter than new
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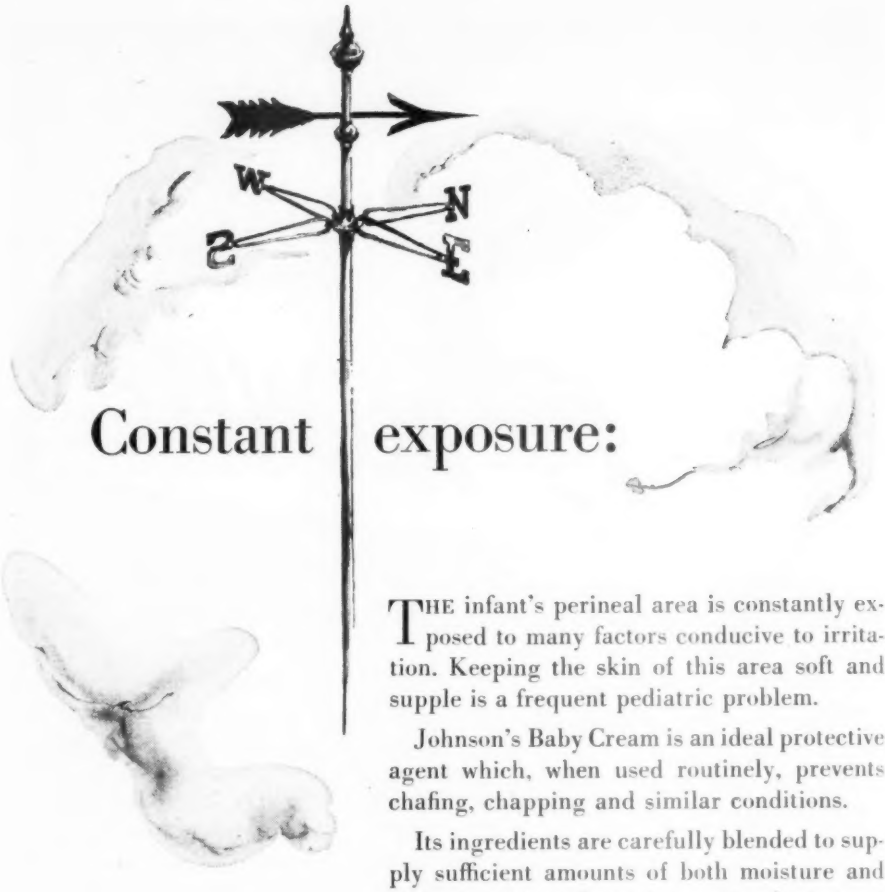

Constant exposure:

THE infant's perineal area is constantly exposed to many factors conducive to irritation. Keeping the skin of this area soft and supple is a frequent pediatric problem.

Johnson's Baby Cream is an ideal protective agent which, when used routinely, prevents chafing, chapping and similar conditions.

Its ingredients are carefully blended to supply sufficient amounts of both moisture and oil to the skin, helping it to resist the irritant effects often caused by urine, heat and other factors.

This highly emollient, non-medicated cream is specifically formulated to meet the most exacting professional requirements.

Johnson's Baby Cream

Johnson & Johnson

beyond a fire barrier. Never forget that too many patients being moved in their beds will soon cause so much congestion in the corridors that it will block activities.

If the nurse is off duty when she receives the fire call, she should report at once to her regular place of duty. She should not take time to change clothing to a uniform; sufficient clothing is all that is necessary in a time of emergency.

All maids and porters are to remain in their individual departments and follow the supervisors' instructions. All electrical equipment being used at the time of the alarm must be turned off. But if oxygen is absolutely necessary, and the patient must be moved —the oxygen can be moved along with the patient as an emergency measure. This, of course, requires extra care and precaution.

Your greatest enemy during a fire is smoke. Suffocation causes far more deaths than actual contact with fire. If the air is heavy with smoke, dampen a towel or cloth and place it over your patient's nose and mouth. Naturally, you must do the same for yourself.

Be on the alert; your watchfulness may be evaluated in terms of saving countless lives and expensive hospital property.

Fire neurosis is to be avoided. It has been amply proven at St. Paul's Hospital by the Sisters of Charity that when there is no panic the result is very likely to be no casualties!

Positions Available

ADMINISTRATION: (a) Clinic-group, 5 specialists, pref. RN qual. as office mg. Around $4800. Lovely resort twn, MW. (b) New small gen'l hosp. Pref Lutheran in good stand'g. To open early '54. W. (c) Vol. gen'l hosp. 65 beds, Fla. (d) Gen'l vol. hosp. 50 beds, Fla. (e) Combined Supt. nurses & admin. Vol. gen'l hosp. 26 beds, Montana. Also same, 30 beds, S. Dak. Also, same, 21 beds, Wyo. (f) Nurse admin. maternity hosp, 30 beds, excel sal. & mtce. Extra for teaching. Twn 50,000 near Detroit. Woodward Medical Bureau, 185 N. Wabash, Chicago 1, Ill.

ANESTHETIST: Registered Nurse. Average starting salary $409.50. Laundry furnished, 40 hr. week, 2 weeks vacation, 12 days sick leave. Anesthesiologist in department, 5 anesthetists in department, 200 bed hospital. Call 2 nights weekly. Apply Helena McFate, R.N., Pontiac General Hospital, Pontiac, Mich.

ANESTHETIST: Starting salary $350 mo. Methodist Hospital, 6th St. and 7th Ave., Brooklyn, N.Y. SO 8-6000, Ext. 142.

ANESTHETIST, NURSE: One vacancy available in modern Westchester hospital, half hour from New York. Excellent surgical staff, pleasant living quarters, schedule shared with 2 other nurse anesthetists allows liberal time off. Chief of department outstanding diplomate in anesthesiology constantly available for consultation. Salary open. White Plains Hospital Association, 41 East Post Road, White Plains, N.Y.

ANESTHETIST-NURSE: 600 bed approved general hospital. Excellent salary, 1 month vacation after a year's service. Apply Personnel Director, Good Samaritan Hospital, Cincinnati 20, Ohio

ANESTHETISTS: (a) Vol. gen'l hosp. 60 beds, min. $7200. Lge. city, univ. med. center, MW. (b) Vol. gen'l hosp. 30 beds. Excel. friendly staff, not heavy surg. $6000 or fee-for-service basis. Tourist resort twn 25,000, SW. (c) RNA as member of staff, distinguished grp 15 specialtists, Dipl's. $7200. Pay interview exp. Lovely univ. twn. 30,000, med. center, W. (d) Vol. Gen'l hosp. 500 beds. $6000, New England, 50 mi. to NYC. Woodward Med. Bureau, 185 N. Wabash, Chicago 1, Ill.

ANESTHETISTS: Three. 450 bed teaching hospital. Department directed by medical anesthesiologist, staffed by medical resident personnel and 6 nurse anesthetists. Southern city with cultural advantages. $400.00 per month with full maintenance. Periodic increases in salary. Liberal vacation and sick leave. Hospitalization and pension plan benefits. Apply C. A. Robb, Superintendent, Roper Hospital, Charleston, S. C.

ANESTHETISTS: 160 bed general hospital, city of 400,000 pop. 2 nurse anesthetists wanted to complete staff. 300-325 operations per mo. Good relief. Salary $400 to $450 with full maintenance. Excellent surgical staff and congenial working conditions. Apply Administrator, South Highland Infirmary, 1127 So. 12th St., Birmingham, Ala.

ASST. SUPERVISORS: (Men or women with psychiatric training) for rotating service in fully accredited private hospital near Baltimore, Maryland. To participate in attendant educational program. Monthly salary plus full maintenance. Apply to Director of Nurses, The Sheppard and Enoch Pratt Hospital, Towson 4, Md.

CLINICAL INSTRUCTOR: For Medical and Surgical Nursing. Degree required. Liberal personnel policies. Apply Director of Nurses, Lock Haven Hospital, Lock Haven, Pa.

CLINICAL INSTRUCTOR: For obstetric department of 65 beds in 225 bed hospital. 130 students in the school of nursing. Assume full responsibility for classroom and ward teaching in obstetrics, 40 hr. week, 4 weeks' paid vacation, 7 paid holidays, sick leave accumulative to 30 days. Salary open. Apply Tacoma General Hospital School of Nursing, 314 South K St., Tacoma, Wash.

CLINICAL INSTRUCTORS & SUPERVISORS: (2) for Medical and Surgical Nursing. 265 bed modern, private, general hospital, fully approved, enrollment 78 students. Diploma school, has temporary accreditation NLNE. Degree and experience in teaching and supervision in medical and surgical nursing preferred. Liberal personnel policies, including 4 weeks' annual vacation and accumulative sick leave. Memorial Hospital of Springfield, 1st & Miller, Springfield, Ill.

DIRECTOR OF NURSES: (a) Nurs. service & Ed. Vol. gen'l hosp. 300 beds. 100 students. Substantial sal., full mtce includ'g lovely 3 rm apt. E. (b) Dir. nurs serv. & educ. Req's min. B.S. with 3 yrs exp. Gen'l vol. hosp. 500 beds. $6000. Lge city, univ. med. center, MW. (c) Nurs. serv. & educ. New county home for aged. 500 patients. Civil Service, Calif. (d) Service & educ. 2 gen'l vol. hosps, 117 beds. Degree not req'd. Excel. sal. full mtce. Minn.y (e) Well qual. person for nurs. serv. & educ. Also purchase drugs and super. housekeeping. No degree req'd. No age limit. 55 bed county hosp. $350. Ill. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSES: 100 bed hospital, School of Nursing. Degree or experience in Nursing Education necessary. Salary open. New apartment, staff house across street from hospital. Excellent personnel policies. Apply Administrator, Pulaski Hospital, Pulaski, Va.

DIRECTOR OF NURSING: Recently opened 100 bed general hospital, all-graduate staff, all personnel live out, apartments in town available. Attractive resort area, salary open. Apply Director, Memorial Hospital, Bedford, Pa.

DIRECTOR OF NURSING: Top flight position in 460 bed hospital, East. Other splendid positions as instructors and supervisors in Methodist hospitals, Middle West and South. Write Board of Hospitals and Homes of The Methodist Church, 740 Rush St., Chicago, Ill.

DIRECTRESS OF NURSES: Not over 55 yrs. 43 bed hospital 5 yrs old Northern Fla. Bldg. program. Act as Asst. to Administrator. Must be in good health and well recommended. State present position, training and salary. Apply Isabella N. Williams, Admin., Suwannee County Hospital, Live Oak, Fla.

EDUCATIONAL DIRECTOR: For 200 bed general hospital, Southeastern U.S., with a School of Nursing for 75 to 100 students. The school was founded in 1906. 4 weeks vacation, 12 working days sick leave. Leaves of absence for educational purposes. 45 hr. week, salary open. A warm southern community offering the cultural advantages of a large city but maintaining friendly quiescence. McLeod Infirmary, Florence, S.C.

EDUCATIONAL DIRECTOR & NURSING ARTS INSTRUCTOR: 240 bed non-profit hospital, beautiful location and new nurses home. Open salary, full maintenance if desired, 40 hr. week, 4 weeks vacation and 14 days sick leave per yr. Degree required. Apply Director of Nurses, St. Joseph's Hospital, Reading, Pa.

FACULTY POSITION: Assistant Supervisor for Maternity, Supervisor for Nursery. For an accredited 330 bed general hospital, small School of Nursing. Salary open, 40 hr. week, 8 holidays, 3 weeks vacation, 12 days sick leave. Apply Director of Nursing, Perth Amboy General Hsopital, Perth Amboy, N.J.

GENERAL DUTY NURSES: For new 30 bed hospital located in college town of 6000 population in southwestern Wisconsin. Laundry furnished, 44 hr. week, beginning salary $285, increases 6 mos. and 1 yr. Differential for 3-11 and 11-7. Apply Administrator, Platteville Municipal Hospital, Platteville, Wis.

GENERAL DUTY NURSES: For 650 bed hospital in Central California. Salary $273-$320 per mo. 40 hr. week, liberal vacation, holiday and sick leave plan. Apply Personnel Office, 510 E. Market, Stockton, Calif.

GENERAL DUTY NURSES: $265 days, $275 PM and nights, $10 increase after 1st year for 3 years. 40 hr. wk., paid vacation, sick leave and holidays. Hillside Hospital, 115 Alameda, Klamath Falls, Ore.

GENERAL DUTY NURSES: New 43 bed hospital, open one year. Paid vacations, sick leave, holidays. Good salaries. Williams County General Hospital, Montpelier, Ohio

GENERAL DUTY NURSES: Modern, well-equipped 50 bed hospital in northwestern Wyoming needs registered nurses to replace several who are being married. Good personnel policies. New modern duplex apartments on the hospital grounds available for living quarters. Write Supt. of Nurses, Cody Hospital, Cody, Wyo.

GENERAL DUTY NURSES: For Operating Room. 265 bed general, private, modern, fully approved hospital. Salary $240-$265 plus per diem rate for call and overtime. Two weeks vacation, 7 holidays and accumulative sick time. Memorial Hospital of Springfield, 1st & Miller, Springfield, Ill.

GENERAL DUTY NURSES: Medical & Surgical floors and Operating Rooms. Starting salary $11 per day, 40 hr. week, Bonus for p.m. and night duty. Alternating shifts when necessary. Living quarters $18 per mo. Excellent transportation to all areas. Write Director of Nurses, Doctors Hospital, 12345 Cedar Rd., Cleveland Hts. 6, Ohio

GENERAL DUTY NURSE: Registered. For 84 bed hospital, 40 hr. week, 3 weeks vacation, liberal sick leave. $270 per mo. plus $10 if on call. Time and one-half for overtime. Periodic merit increases, modern community, atomic energy project. Not Civil Service. Must be a citizen. Write Nursing Department, Los Alamos Medical Center, Los Alamos, N.M.

GENERAL DUTY NURSES: For 120 bed hospital. Starting salary $237.50 with a charge of $22.50 for full maintenance. 40 hr. wk. Surgical Nurses, starting salary $247.50. Additional $10 per mo. for evening and night duty, regular increases. Nurses' home recently redecorated and refurnished. Liberal personnel policies. Hospital approved A.C.S. Southern Wyoming community of 12,000. Write or wire Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: Attractive working conditions in America's most Interesting City. 500 bed hospital. Write for salary scale, personnel policies. Southern Baptist Hospital, Personnel Office, 2700 Napoleon Ave., New Orleans, La.

GENERAL DUTY NURSES: For medical, surgical and maternity services. New 200 bed hospital, good personnel policies, 44 hr. week, including 7 holidays, hospitalization, Social Security. Apply Director of Nursing, Chambersburg Hospital, Chambersburg, Pa.

GENERAL DUTY NURSES: 75 bed general hospital in Southern California. 40 hr., 5 day week. Prevailing salaries paid. Full maintenance available. Apply Director of Nurses, Redlands Community Hospital, Redlands, Calif.

GENERAL DUTY NURSES: For 114 bed general hospital. Beginning gross salary $242 plus meals and uniform allowance. $10 evening and night bonus. 3-11 and 11-7 positions available. Apply Paul O. Huth, M.D., Supt., St. Francis Hospital, Cambridge, Ohio

GENERAL DUTY AND OPERATING ROOM NURSES: For 345 bed maternity hospital 30 minutes from midtown Manhattan. Salary $2300. Excellent maintenance in addition to salary, 40 hr. week, 12 holidays and 14 days illness allowed annually. Vacation 14 to 28 days according to position and length of service. County pension plan. Opportunity for promotion and professional growth. Apply Director of Nurses, Margaret Hague Maternity Hospital, 88 Clifton Place, Jersey City, N.J.

GENERAL DUTY STAFF NURSES: 165 bed hospital in residential suburb of Chicago. Cash salary $215 for day duty, $225 for evening duty and $230 for night duty. Full maintenance in addition to salary includes single room in new nurses' residence and this is equivalent to $335 cash salary per mo. $10 increase after 60 days and at regular intervals thereafter. Two to four weeks vacation, 6 holidays, sick time policy. Scrub nurses, remuneration for call. Leave of absence with full salary for post-graduate experience. Write Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

GENERAL STAFF NURSES: 250 bed general hospital and 72 bed maternity hospital. Starting salary $280, $5 per month tenure increases for each 6 months of service to a maximum of $310. Social Security, sick leave, prepaid medical and hospital care. $10 additional for afternoon and night shift, $10 additional for delivery room, $20 additional for surgery. Up to 3 weeks vacation at end of 4 years. 7 paid holidays, 8 hr. day, 40 hr. week. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GRADUATE NURSE: General duty small hospital in farming community. $245 month, rotating shifts, liberal personnel policies. Apply Miss Geraldine Studer, Douglas County Memorial Hospital, Waterville, Wash.

GRADUATE NURSES: For all services in a 450 bed hospital, fully approved. Affiliated with University of Washington Schools of Medicine and Nursing. Liberal personnel policies. Salary $255-$285, 40 hr. week, $2.00 additional for each evening, $1.50 for each night worked. $10 additional for operating room, emergency room and communicable diseases. Limited number rooms available in residence. Write to Director Nursing Service, King County Hospital, Seattle, Wash.

GRADUATE REGISTERED NURSES: Unique opportunity in all clinical fields. Rotating programs in Pediatric and Obstetrics offer wide variety of experience. 5 day week with good starting salary and full maintenance if desired. Vacation and sick leave after 6 mos. Apply Director of Nurses, Baltimore City Hospitals, 4940 Eastern Ave., Baltimore 24, Md.

GRADUATE STAFF NURSES: For Nursery and General Duty. 3-11 shift, 44 hour week. Social Security. Salary $215, with bonus for 3-11 shift. Apply Director of Nurses, Grace Hospital, Hutchinson, Kans.

GRADUATE STAFF NURSES: All departments, 427 bed hospital, attractive Chicago suburb. Basic salary $250 for day duty, $265 for 3-11 and 11-7 duty, with salary increase at 6, 12 and 24 month intervals. Blue Cross and Social Security. Meals and laundry furnished. Apply Director of Nurses, West Suburban Hospital, Oak Park, Ill.

HEAD NURSE: Prepared through college training and experience to take over Medical and Surgical units in recently opened 100 bed hospital. All graduate staff, personnel live out, apartments in town available, resort area. Salary open. Apply Director, Memorial Hospital, Bedford, Pa.

LICENSED PRACTICAL NURSES: For modern 650 bed tuberculosis hospital. 40 hr. wk. Good salary, maintenance available at minimum rate. Usual holidays, vacation & sick-time allowance. Apply to: Director of Nursing, Sunny Acres, Cleveland 22, Ohio

NIGHT SUPERVISOR: Medical and Surgical cases. Teaching hospital. Liberal salary. Low cost meals, Periodic increases. Vacation. Uniforms laundered. Apply Director of Nurses, The Jewish Hospital of Brooklyn, 567 Prospect Place, Brooklyn, N.Y.

NURSE ANESTHETIST: 150 bed East Texas hospital, fully approved, excellent staff, good salaries with complete maintenance. Apply Administrator, Nan Travis Hospital, Jacksonville, Tex.

NURSE ANESTHETIST: Approved hospital near Detroit. $450 per month. Overtime after 40 hours per week. Living quarters available. Wyandotte General Hospital, Wyandotte, Mich.

NURSE ANESTHETIST: For 125 bed hospital located 35 miles from Philadelphia. No O.B. night calls, working conditions good, salary attractive. Hospital expanding, need additional coverage. Communicate Administrator, Pottstown Hospital, Pottstown, Pa.

NURSE-ANESTHETIST: For 50 bed capacity general hospital. Modern anesthesia equipment. Minimum night calls, attractive salary. Immediate opening. Contact Administrator, Victory Memorial Hospital, Stanley, Wis.

NURSES: Wills Eye Hospital, Philadelphia, the largest eye hospital in the United States offers a 6 months' course in nursing care of the eye to graduates of accredited nursing schools. Operating room training is scheduled in the course. The course is approved by the Penna. Dept. of Public Instruction. Maintenance and stipend of $155 per mo. for 4 mos. and $165 per mo. for the next 2 mos. Registration fee is $15 which takes care of pin and certificate. Classes start March 15th and Sept. 15th. Ophthalmic nurses in great demand for hospital eye depts., operating rooms and ophthalmologist's offices. For information and pamphlet write to Director of Nurses, 1601 Spring Garden St., Philadelphia 30, Pa.

NURSES: Nursing School Principal, $4000 and maintenance. Science Instructor, $3500 and maintenance. Clinical Instructor, $3000 and maintenance. Rumford Community Hospital, Rumford, Maine

NURSES: Registered, for positions in modern 225 bed general hospital located 3 miles from Washington, D.C. Starting salary $230 per mo. and one meal, with $15 differential for 4-12 shift and $10 differential for 12-8 shift. 7½ hr. working day. Other benefits include free hospitalization insurance, paid annual and sick leave and holidays or equivalent. Living accommodations available. Apply Director of Nurses, Prince George's General Hospital, Cheverly, Md.

NURSES: Registered Professional. Syracuse Medical Center Hospital University affiliation. 5 day week, 40 hrs. Progressive salary range. Scheduled increases, retirement plan, annual

vacations. Director of Nursing, Syracuse Memorial Hospital, Syracuse, N.Y.

NURSES: The Idaho State Tuberculosis Hospital needs Staff Nurses, graduates of accredited school of nursing, salary $230 to $290. Charge Nurses with 2 years hospital experience, salary $260 to $310. 40 hr. week, liberal vacation, sick leave and holiday allowances. Maintenance available at very low cost. Main Line City located near Sun Valley. Apply to Superintendent of Nurses, State Tuberculosis Hospital, Gooding, Ida.

NURSES: General duty staff nurse positions available in all hospital areas. For information regarding personnel policies, contact Director of Nursing, Geisinger Memorial Hospital, Danville, Pa.

NURSES: Two nurses wanted at 25 bed modern hospital. $250 starting salary. Free room and board. 48 hr. wk., with no night duty. Free insurance, 17 day annual vacation. Pleasant independent working conditions. Apply Hazel Green Hospital, Hazel Green, Wis.

NURSES: General staff, primarily interested in Maternity or Gynecologic Nursing. Opportunity for stimulating experience in a university hospital. Cultural and recreational facilities of the University available to the nursing staff. 40 hr. week, 3 week vacation, beginning salary $265 per mo. with $1.00 per day differential for evening or night duty. Permanent evening or night duty $30 per mo. differential. Opportunity for advancement. Excellent physical plant, beautifully equipped. Attractively furnished housekeeping apartments available at $30 per mo. shared. Apply Director of Nurses, University of Chicago, Lying-in Hospital, 5841 Maryland Ave., Chicago 37, Ill.

NURSES: Salary range $311-$365. Deduction for full maintenance $40 per mo. Three wks pd vacation. Sick leave, pension, 10-12 pd holidays. 48 hr wk, divided hrs. rotating shifts. Requirements: Wisconsin registration, under 50 yrs. of age. Apply Supt. of Nurses, Wisconsin State Sanatorium, Statesan, Wis.

NURSES: To staff new general hospital starting salary $2400-$2640 with merit increments. 40 hr. week, 8 paid holidays, annual vacation, accumulative sick leave, retirement plan. Full maintenance available at reasonable rates. 10 miles from New York City. Apply Assistant Superintendent, Bergen Pines County Hospital, Paramus, N.J.

NURSES: Choice of duty in two modern hospitals. General duty $255 month to start; surgical, $261 month to start, relief shift, $10 extra. Two weeks paid vacation, six paid holidays, medical and hospital benefit plan. Contact Earl L. Jorgensen, Kahler Hospitals, Rochester, Minn.

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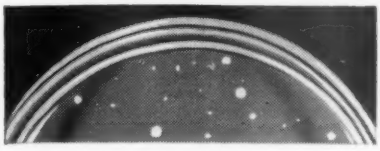

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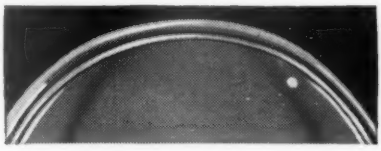

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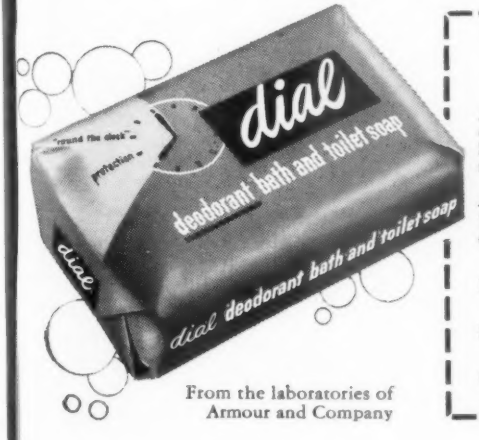

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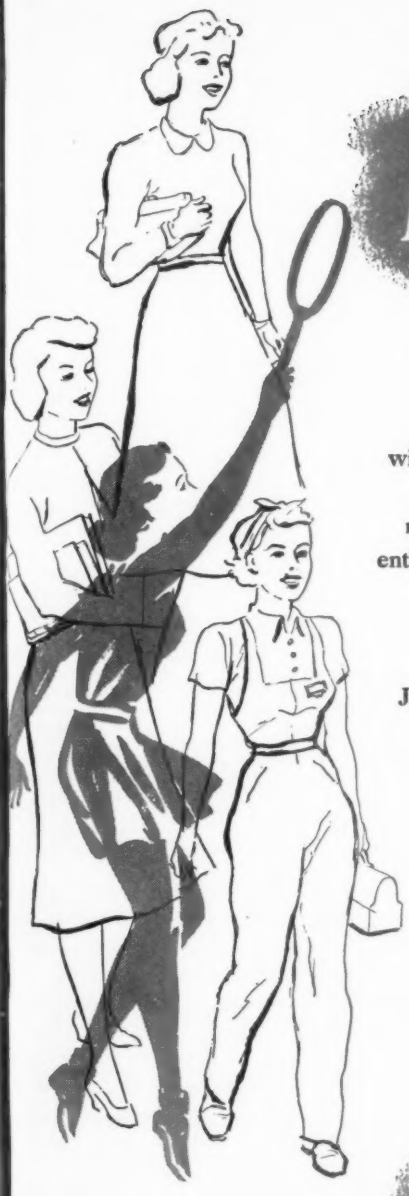

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SURGICAL NURSES: (a) Small gen'l hosp. SW. $390, mtce. (b) Neurosurgical nurse, group ass'n. Univ. city, So. (c) Gen'l hosp., San Francisco area. $325. RN7-10 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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1. Tyson, T. L., M.D.; *J1. Inves. Derm.; 14. No. 5 May 1950.*

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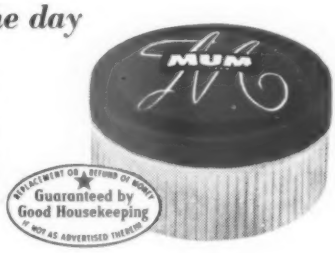

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